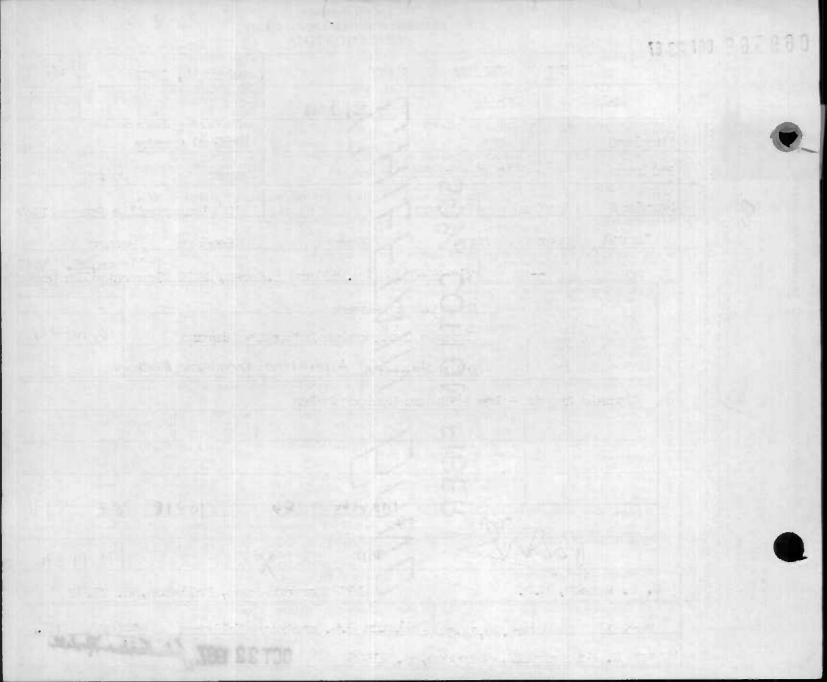
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE

069569 OCT 2		FOR STATE PEGISTRAR			DEPA		HEALTH AND MENTAL HE	REG. N	7 0	, ,
7 130 C C C C C C C C C C C C C C C C C C C	PDE	CEASED NAME	FIRST UEL	WILI	ARD	AMOS	LAST S	26 DATE OF DEATH October 18	MONTH DAY	26 HOUR 9:30 AM
e 4 moy ictor pos s ofter d	3 SE	Male		4 RACE Whit	æ		of BIRTH 15, 1901 YEAR	6 AGE (IN YEARS LAST BIT	YRS TEUND	DER YEAR IFUNDER CHRY
● 1 1 B3		RTHPLACE . PATE OF FOR	reign	76 CITIZEN OF	WHAT COUNT	RY2 8	D NEVER MARRIED	BALTIMORE CITY OF Harford (OR COUNTY OF D	EATH
. 1 1100		IY OR TOWN OF DEATH	-1	11. NAME OF		SING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPAT STYPE OF WORK FOR MOST OF Famer	ION 12b	KIND OF BUSINESS OR DUSTRY
AND 212	130 3		Harf	ITY	130 CITY OR TO	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2110 Pleas	/ ZIP CODE	
MARYL Market	14 F.A	THER'S NAME FIRST Lemuel H	owar	d A	MOSS IAST		Mary	Isadora	a Ben	iasi ason
TIMORE De ence		vas deceased ever in res. no or unknown) no		MED FORCES? E WAR OR DATES)	166 SOCIAL SI 212-38		Dr.Willard P.	Amoss, 2018	R Pleasan	on, Md. 2104
T. BAL of page of page of page		18 CAUSE OF DEATH PART I DEATH WAS	Enter on S CAUSEI	ly one cause pe D BY E CAUSE (a)	Respira	atory A				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON 5 death ce orferding nove carbs		Conditions, if ony, v	vhich		OR AS A CONSE	OUENCE OF	uctive Pulmon	ary Disease		6 months.
Months of Control of C		cause o , stating underlying cause	the	DUE TO, C	Brain S		A, Aspiration	n freymonia	, Anaenia	,
2 2 2	Z O			_			rocephalus	MINAL DISEASE OR CON	DITION GIVEN IN	PART I a
AT HECO	CERTIFICATION	19a DATE OF OPERATIO					DN WAS PERFORMED	20a AUTOPSY?		REFINDINGS USED CAUSES OF DEATH? NO
OF VIT		2] a ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEA	TH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN (IEM 8 PART)	RPART,
DIVISION OF VI	MEDICAL	21d INJURY OCCURRED			OF INJURY IREET, FACTORY, OFFI	ICE FARM ETC)	211 LOCATION STREET	(11 Y OR 10)WN	CINTY TATE
TTENDIN TTENDIN CTOR At for use of Healt		226.1 certify that (b) (the saw the deceased	alive on	CIA	18	00	nd that in (my) (aur) apinion	death occurred on the d	lote and hour and	that (1 (we last from the causes stated
ALORA the ho ALDIRE defoched ore Dept		226 SIGNATURE	62	W	>	ŗ	DEGREE ATTENDING PHYSICIAN (MEDICAL STA		10-19-87
O HOSPII TO FUNER should be with the St		3. D. Parek					1908 Harford	l Road, Fall	lston,Md.	21047
BP	73a B	BURIAL, CREMATION, RE	MOVAL				emetery or crematory on U.M.Cemeter	23d LOCATION CITY OF TOWN	Harf	ord Md.
DHMH 16 60M 7 84 (VRA 15, 4)		Burial UNERAL DIRECTOR Ward K. McC	omas	bct.20	ADDRE		250 DA	T 2 2 1987		SIGNATULA



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 29 87 OF Elizabeth DEATH MATED X Badger Averill 4 RACE IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 7d HOUR LAST BIRTHDAY PRONOUNCED W 27 80 07 1987 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I TATE OR MARRIED NEVER MARRIED Pa. WIDOWEDXX USA DIVORCED L Harford CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Aberdeen 408 Paradise Rd. Housewife JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMILISION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MD Harford Aberdeen YES [408 Paradise Re I FATHER'S NAME Ebert Badger Sanderson Lu1u 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 3. DuBois, 213-38-7053A 18 CAUSE OF DEATH (Enter only one couse per line far (o), they and (c) RETWEEN ON ET AND DEAT PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 71CU gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of WRITING THE WORD "PENDING MARDED TO THE CHIEF MEDICA AGE 3 SHOULD BE USED A TOTAL FOR PROPERIOR TO BURIAL, CHEMALL 21201 PRIOR TO BURIAL, CHEMALL CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET FACTORY, FARM, ETC.) WHILE CITY OR TOWN STATE WHILE NOT WHILE STATE D EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STY BALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Notural couses X death resulted from: Homicide ____ Accident Undetermined monner DATE SIGNED 10/23/87 SIGNATURE EXAMINER'S NAME Luis E. Renjel. ADDRESS 464 Alliance St. Havre De Grace, MD (TYPE OR PRINT) 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 10/27/87 Morningside Cemetery DuBois Clearfield 07 84 24 FUNERAL DIRECTO 25M HE DATE FEC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399 (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

drum.	4

1 "	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
I_DE	ECEASED NAME FIRST	^	AIDDLE	AST 1		MONTH DAY YEAR	
(TYP	Fern Fern	Mad	eline Bo	arker	/	0 13 87	8 EOH
3 SE	EX	4 RACE	5 DATE C	DAY YEAR	6 AGE TIN YEARS LAST BIRT	HDAY) IF JNDER YE	
	Female	Whit	1 11	5 27	60	YRS	
Jo B	COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8	XX NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
	Maryland	United			Hart	ord	MD
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		O OF BUSINESS OR
	Fallston	Fall	ston (Knera	1 Hospital	Homemaker		n home
	JAL RESIDENCE (IF NURSING HOME O STATE 136/COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	
		ecil	Conowingo	YES NO X	880 Ragan	Road/21918	
	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA			
0	Fred	WIDDLE	Walter	Evelyn	WIGOLE	Bea	1
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO	17 INFORMANT	ADDRE		
	NO (IF YES G	IVE WAR OR DATES)	220-20-7744	Arthur R. Bar	rker 880 Rag	gan Road Co	nowingo,MD
F	18 CAUSE OF DEATH (Enter o	inly one cause per	line for a . 1b and ic			APPI BEIWE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I DEATH WAS CAUS	ED BY	Carl	wording	me Are	est	
	IMMEDIA		AC A CONSTOURNER OF	,	-1/		
	Conditions, if any, which	DUE TO, OI	R AS A CONSEQUENCE OF	me Ht.	mocano		
	gave rise to immediate	10)	2.46.4.602/5502/5405		- 1		
	underlying cause last	DUE TO, OI	R AS A CONSEQUENCE OF	sete nul	Cities .		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1 0
Z		_					
I E	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	
1 🖺					YES NO X	IN CERTIFYING CAUS	NO []
CERTIFICATION	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		Y IN ITEM IS PART OR PART	1
	OR CONTRIBUTING CAUSE OF DE	CAIN	M MONTH DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	CITY OF LOV	VN OUNTY	STATE
₹	MHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY OFFICE FARM ETC)	SINEEL	THI OF LOA	W44	STATE
	22a L certify that (1) (this hose	utel) attended the	e/deceased from	6 19 8 2	10 /0/1	3 19 38	that I twee last
Н	saw the deceased alive a above. (I) twee (did taid in		12 19 67 ar	nd that in (my) (eur) epinion	death occurred on the do	ite and hour and from	the causes stated
	226 SIGNATURE	A View the body		DEGREE		22c DA	TE SIGNED
	Andrw.	100cm	elienolin,	MAID ATTENDING	MEDICAL STAF	FIANT	0/13/97
1	224 PHYSICIAN'S NAME LTYPE			22e ADDRESS			
	ANDREW	Nou	1AKOWSKI N	125	N. MA	(N) 51. L	SEL AM MA
23a	BURIAL, CREMATION, REMOVA	L 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	2701
	Burial	10/16/	87 Conow	ingo Baptist	Conowingo	Cecil	Maryland
24 F	FUNERAL DIRECTOR		ADDRES		CT 1 6 1987		ANDE
			c. 600 Main St	1	11 0 301	Howard Branchard	

DHMH 16 60M 7 84 (VRA 15, 4)

etained by the haspital ar TO FUNERAL DIRECTOR

BP.

should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene priar ta burial.

IMPORTANT. If Item 21 is

8 9 0 5 10 1 1 9 17 CONTRACTOR ASSESSMENT OF THE PROPERTY OF THE P THE PROPERTY OF STATE The state of the s WHILE DESIGNATION OF THE SECOND STREET, AND SECOND All patient frankel bloom tool too tool faster I builded

TO FUNERAL DATE TO Should be detaction in the State Date of the State Date Date of the State Date Date Of the Of the State Date Of the St MPORTANT. IF IN ...

DHMH 16 60M 7 84

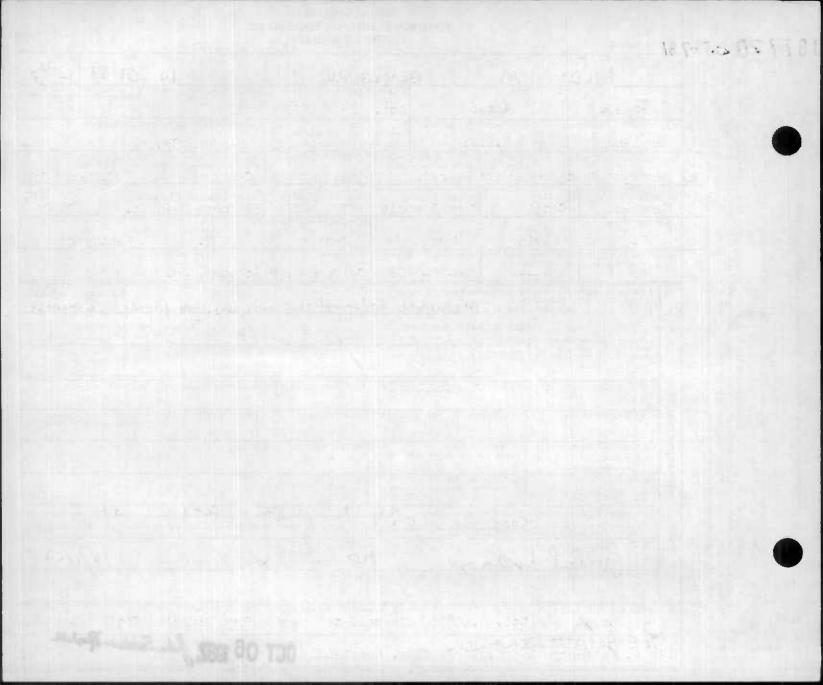
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

	1 - 87	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL RYG	IENÉ REG NO			
- (1 DE	CEASED NAME FIRST OR PRINTS	MI	DDIE	BLACK	BURN		HTMOM	01 87	26 HOUR
	3. SE)		4 RACE		5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HA
		Female	Cau	C .	Oct.	16 ^{DAY} 1923	63	YRS		HC /RS MIN.
40		RTHPLACE I STATE ON FOREIGN	16 CITIZEN OF W	HAT COUNTRY	? 8	D XX NEVER MARRIED	9 BALTIMORE CITY O	R COUN	ITY OF DEATH	
	Ma	aryland	U.S.	A .	WIDOWE		Harford	Coun	tv	MD
6		avre de Grace		FACILITY GIVE STREET	T ADDRESS)	pital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Clerk		LIFE INDUSTRY	emp & Coin
5	130 S Ma	ALRESIDENCE (15 NURSING HOME OR STATE 136 COUN COC	OTHER INSTITUTION G		re admission) NN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 58 North M.		DE	Shop 21904
1	14 FA		widdle Vin	West		15 MOTHER'S MAIDEN NAME FIRST Jessie	ME M.		Santmy	
La		VAS DECEASED EVER IN U.S. AR		66 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRE	SS		
6	7.0	NO (16 YES GIV	E WAR OR DATES)	216-20-9	9702	Clifton M. B	lackburn, J	r.		MATE INTERVAL ONSET AND DEATH
	CERTIFICATION	Canditions, if any, which gave rise to immediate cause rat, stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	ONDITIONS COM		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b IF	YES, WERE FIND!	NGS USED
1	TIFIC						YES NO	IN CER	RTIFYING CAUSES YES []	NO _
1	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1141	. MONTH D	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM	8 PART OR PART 21	
	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY T FACTORY OFFICE	FARM ETC	211 LOCATION STREET	CITY OF TO	WN	(OUNTY	TATE
		22a. I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	Cest.	20 19	37:	nd that in (my) (our) opinian	death accurred an the do	ate and h	naur and fram the	
-		22d PHYSIONAN'S NAME ITYPE C	Frilz	7		ATTENDING PHYSICIAN (MEDICAL STAI		224 DATE	SIGNED 1/CZ
	1	BURIAL CREMATION, REMOVAL	236 DATE Oct. 5	,1987		ell cemetery	Port Depo			Maryl ^a nd
	1.	e A. Patterson	& Son,	erryvii	Lle, M	aryland OCT	06 1987	75h REG	ELEAR SAICHA	Marker !



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STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

DEP

1-	STATE REGISTRAR	DET ARTIV		ICATE OF DEATH	REG N	40		
	ELOR PRINT	MIDDLE	^ '	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Charbite	F.	Bo	oddy		10	4 87	1005 A
3 SE	X	4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY	IF NITER YEAR	
1	Female	Black	Apri		40 yrs.	YRS	MON'II DAIS	HOURS MIN
	IRTHPLACE CLEATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	1
	Maryland	U.S.A.	WIDOWE		Har	In A		A
_	AVICE DE GRACES	1). NAME OF HOSPITAL, NURSIN	G HOME C		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST Dietetics		FE) INDUSTRY	of Business C., Perry
13a S Ma	STATE THE NURSING HOME OR OF STATE TO COUN COUNTY	TY 13t. CITY OR TOW	N	YES NO 🛣	13e STREET ADDRESS 10 Brooksi			Point 21903
14 F/	ATHER'S NAME FIRST Howard	Williams		IS MOTHER'S MAIDEN NAM	WIDDLE		Kinslo	ST W
160 V	WAS DECEASED EVER IN U.S. ARA		RITY NO.	17 INFORMANT	ADDR	ESS	7111010	**
		WAR OR DATES) 212-50-5		Jack T. Boddy	Perry	ville.	, Maryl	and
	PARTI DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause in stating the underlying cause last	DUE TO, OR AS A CONSEQUE	65	- MKRES DIVATED	GROW.	n 40,347	75 M	YEAR.
NOI	PART 2 OTHER SIGNIFICANT CO	onditions contributing to p	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM			
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATIO	n was performed	YES NO NO	IN CERTIF	S, WERE FINDI FYING CAUSES ES []	
	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PARI ORPARIZO	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F)	ARM ETC)	211 LOCATION	'ITY OR I	OWN	OUNTY	STATE
	270 1 certify that (1) (this hospital saw the deceased alive on obove, (1) (we) (did) (did not			, 19, 19	ta death accurred an the a			that (II (we li
	226 SIGNATURE EYE		(ATTENDING PHYSICIAN	MEDICAL STA		10/	SIGNED -
	CHAPLES R.	ECK JR.		Abende	en Ad	# ==	1/00/	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Oct. 8,1987 Mt	ZO	emetery or crematory ar Cemetery	Condwings		cił∞™Ma	
24 B	TEX PARTERS OF	Son, PerryVil	Le, Ma	aryland nct	06 tog7		TRAR S SKONA	delle

DHMH 16 60M 7/84 (VRA 15, 4)

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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

TIS	8	REGISTRAR				CERTIF	ICATE OF DEATH	REG NO		
		CEASED NAME	FIRST		MIDDLE	1	Bossom	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		PI	RESTOI	U.	ONVEI	2 ft	25341	1911/87.		6:15
	3 SE			4 FACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF JNDER 21
	_	MALE		Whit	te	MONTH 07	21 16	71 YR	WONTHS WAY	HOURS
Ce		RTHPLACE TE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	MARRIEI	4/ 5	9 BALTIMORE CITY OR COU	NIY OF DEATH	
o to	Ľ.,	Marylan	ıd	US	SA	WIDOWE		HARFOR	8	
97	10 C	ITY OR TOWN OF DE	ATH			URSING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF	BUSINES
not lo	F	AllstoN.		FAI15+	ON SER	UFLAJ HO	spital.	Retired Carpen	iter	
st be	U5U 130	AL RESIDENCE (IF NUR STATE	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE	
E _	M	aryland	Har	ford	Fores	t Hill	YES NO	710 Walters Mi		1050
mine	14. F.	ATHER'S NAME		MIDDLE	LAS	57	15 MOTHER'S MAIDEN NA	WE	LAST	
×		Raymond			Boss		Madelin	9	Rhoten	
dicol		VAS DECEASED EVER		MED FORCES?		SECURITY NO	17 INFORMANT	ADDRESS		
8		No			213-01	1-1891	Pauline Bos	som SAA		
1, th		18 CAUSE OF DEAT	TH Enter on	ly one cause per	line for a , i	b and ic		20 0- 11 24	BETWEEN OF	ATE INTERV. NSET AND DI
> 0		PARTIDEATH		E CAUSE (a)	4 espir	atory	Failure Cof	D. Bonnehon	1a/apono	
940				DUE TO O	R AS A CONS	SEQUENCE OF	A	1. 11. (1)	1100 /12	uni
5		Conditions, if any	, which	(h)			rasmoular - k	deedly - CA Le	1110	
r tro		gove rise to im						(394	19man all)	- 1
the		underlying caus		DUE TO, O	R AS A CONS	SEQUENCE OF	tuph Epe- Ba	cteralnua.		
0		DADI 2 OTHER CIC	NUE IC ANIX (163			7 1		Chiffy his safety	
lory	NO.	PART 2 OTHER SIG	MIFICANT	LONDITIONS CO	ONIKIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART TO	
<u>~</u>	ATIC	19a DATE OF OPERA	NOITA	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDING	GS USED
N State of the Sta	CERTIFICAT							YES TO NOT IN CE	RTIFYING CAUSES O	OF DEATH
sho —	ER	210 ACCIDENT WAS UN	DERLYING T	216 TIME C	OF INJURY		21c HOW INJURY OCCUR	RED CENTER WATER OF IN URT IN ITEM		1,0 []
m 18		OR CONTRIBUTING		(17)		H DAY YEAR				
= /	MEDICAL	(IF EITHER NOTIFY MED		21e PLACE	OF INJURY	19	21f LOCATION			
70	A.	WHILE NOTW	OHOLE			OFFICE FARM ETC)	STREET	TY OR TOWN	OUNTY	II A
no r		220 1 certify that II		tal attanded th	0 40500004 8	19	8310	10-11	10 87	
52		saw the decea		1 /	O O	FY	nd that in (my) (our) opinion	death accurred on the date and	hau and tunm the co	nuses state
em 2		above, (1) (= m)	didi (did po	ti siew the body	affet death		DEGREE		22c DATES	
#		/	2014	er	>	MI) ATTENDING	MEDICAL STAFF		11-0
ANA	-	224 PHYSICIANS N	AME OF	artilli.		7 (7.	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	10	12 1
MPORTAN		RAP	AREL		in.	HHO	1908 HARE	ORD RD, FACES,	TONMO1	104
¥ 1	730	BURIAL CREMATION	17777		~/ >	231 NAME OF C	EMETERY OR CREMATORY	123d LOCATION		-/
		Burial	, KEMOVAL	10-13	8-87		een Memorial	Finksburg	Carroll	í\
	24 F	UNERAL DIRECTOR		10.10	, 0,	Evergit		E REC D. BY REGISTRAR 250 REC	GISTBARASIGNA	
Λ 7/84 4)		ĔĨine Fu	noral	Homo	Poict	erstown.		1 6 1087 Julie	a Devision K	ALCO MANAGEMENT
		ETTIE FU	mera i	поше	Keist	ers Lown .	MG .	1 0 1907.		

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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

665	nd	TDECEAST NAME	FIRST	M	NODLE		IAST	REG NO	ONTH DAY YEAR	126 HOUR
# D 0	ÜÜ	Glady	vs	S.		Brown	n		87	4:15 pm
pad		3 SEX		RACE		5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHD		- 201
s afte		Fema	ale	White		Dec	5, 1897	89	YRS. MCPCTHS DAR	HO RE MIN
din din	-	TO BIRTHPLACE ATE OR	OREIGN 76	CITIZEN OF V	VHAT COUNTR	Y? 8		9 BALTIMORE CITY OR		
in 72	0	W.Vire	ginia	USA		WIDOWE	D NEVER MARRIED DIVORCED	Harford		MD
by the fulled with	0	Darlington	ATH 1	3657 D	OSPITAL, NUR HEACILITY GIVESTR ay Rd.	SING HOME (dr other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife		OF BUSINESS OR
A plus	5	USUAL RESIDENCE IF NURS 130 STATE MD	136 COUNTY Harfo	Y	130 CITY OR TO Darlin	NWC	134 INSIDE CITY LIMITS?	136 STREET ADDRESS / Z 3657 Day Rd	IP CODE 1., 21034	
17/	20	14 FATHER'S NAME	AA I	DDLE	LAST		15 MOTHER'S MAIDEN NA			LA T
Vod(0	Samuel			Workma	n	Etta		Boyce	
ges dico	1	160 WAS DECEASED EVER		ED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRESS		
S. Pog	1	No OR UNKNOWN		-	232-4	8-5214	Marie E. Walt	ers, 3657 Day	Rd., Darl	Lington, MD
physici n poper moval vent, th		18 CAUSE OF DEAT PART I. DEATH W	H Enter only AS CAUSED	BY	C/ARI	DIAC	AR REST	-	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
ding or re			IMMEDIATE	DUE TO OR	A A CONISEC	DIJENICE OF		er e		
ove co		Conditions, if any,	which	(b)	HIZT	RIC	SCLERD	515		
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pleos		PART 2_OTHER SIGN	LIEIC ANIT CO	[c]	AUTDIBUTIALO 7	O DE ATUL DUT	NOT BELLITED TO THE TEN		100000000000000000000000000000000000000	
Then r to bu			RET	THE	MEL	UTV	NOT RELATED TO THE TERM	PERTEN	PION SIVENIN PART	I a
hos bee	2	190 DATE OF OPERA.	TION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	Ob IF YES, WERE FIND N CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
hcote mans Hyg	0	00.00.00.00.00.00.00		216 TIME OF	INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED ENTERNAT RE IN URY	NITEM 8 PART PART.	
rial- rial- enta	7	I IF EITHER NOTIFY MEDI	CALEXAMINER)	P.A		19				
this nd M dor		IN THE STATE OF TH		21e PLACE C	F INJURY ET FACTORY OFFIC	E FARM ETC	211 LOCATION	ITY OR TOWN	NTY	TAIL
as that		A WOW				1	V	10/	7 19	
Use Hears	- 1	22a 1 certify that (1)		attended the	deceased from	1	19 0 /	10 (0)	19	that I (we last
d for		sow the decease	did (did not	view the body o	ofter death		nd that in (my) (our) opinion	deoth occurred on the dote		
detache ate Dep		226 SATURE	tin	m	meh	Im	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	11	18/H
I be	\mathcal{I}	22d MAN'S NA					22e ADDRESS			-
should be with the		Da	nte Mo	nakil M				n St., Havre	de Grace,	MD
⊢ ™ 3 ≤ /		230 BURIAL, CREMATION,	REMOVAL	236 DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		(SPECIFY) Burial		10/11/	/87 I		the Trail		Greenbri	

DHMH - 16 60M 7 84 (VRA 15, 4)

BP.



Ewing APPROXIMATE INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2 COUNTY ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 236. DATE (SPECIFY) Buria1 10/10/87 Weslevan Chapel Harford Aberdeen 250 DATE REC'D. BY REGISTRAR USE HER HER STORE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Tarring Funeral Home, PA, Aberdeen, Md, 21001

26 HOUR

:00

BP

(VRA 15, 4)

170042

OCT 28 97- FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

CERTIFICATE OF DEATH

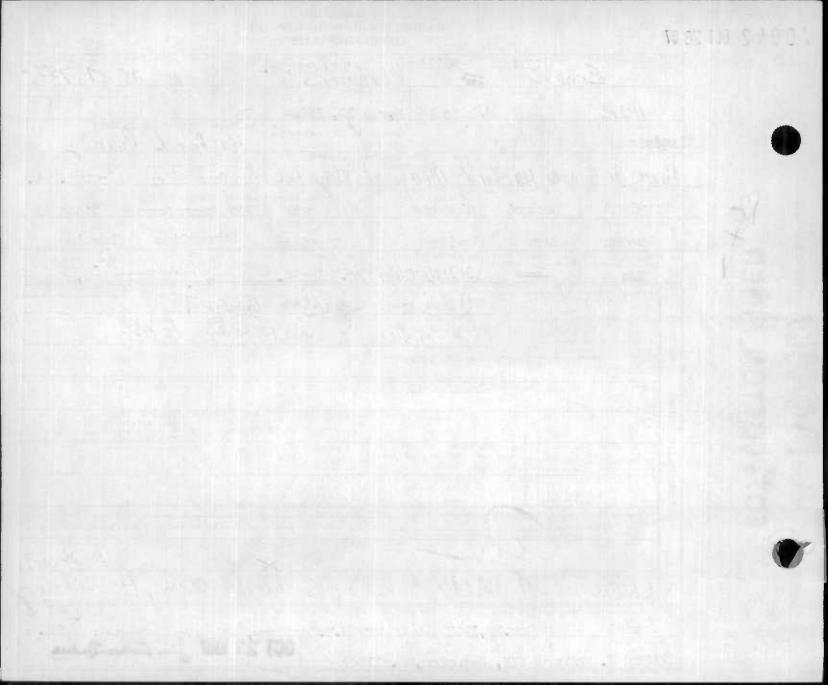
		REGISTRAR							REG NO)		
		CEASED NAME OR PRINT)	FIRST F	Ernest	MIDDIE Wil	liam	Chamber	s,Sr	20 DATE OF DEATH	MONTH /	25 87	755 A
1	3 SEX		1110	4 RACE		5 DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIR	THDAY)	IF INDER YEAR	IF UNDER 24 HR
		Male		11	hite	Marc	h 10. 190	AR IS	79	YRS	MON'H JAT	HOURS MIN
	7a BIF	RTHPLACE INTATE OF	FOREIGN	76 CITIZEN OF		TRY? 8	1	9	BALTIMORE CITY O		TY OF DEATH	1
V	rg.	inia		USA		MARRIE	D NEVER MARR		Harfor	-d	Count	y MI
2	Ha	Vre De G	race		HOSPITAL, NU		SPOTHER INSTITUT	tal F	20 USUAL OCCUPATE (TYPE OF WORK Inspe ire Preven	ctor	LIFE) INDUSTRY	vt.Ret.
6	130 S	AL RESIDENCE OF NUR TATE aryland	136 COUN		GIVE RESIDENCE 13: CITY OR Edgewo		13d INSIDE CITY LI		3e STREET ADDRESS / 2217 Perry		DE	040
~	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI	IDENNAM				
		Ernest	Le		Chamber		Virgi	nia	Evangel	ine	Chewn	ing
		AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMANT		ADDRE	SS	FM.	21040
	{ 4	Yes		WII	212-1	6-0668	Mrs.Helen	G.Ch	ambers, 22	17 P€	erry Ave	.Fdgewo
		18 CAUSE OF DEAT PART I DEATH V	/AS CAUSE	D BY	r line far o it	4 ratio	sul	m	abrut	- 1	BETWEEN	MATE INTERVAL ONSET AND DEATH
			IMMEDIA	TE CAUSE (a)	OR AS ALONS	FQUENCE OF	1	1 2	110	0 11	5	
		Conditions, if ony		(b)_		of the	s e n	nefe	your,	UNI	1	
			mediate ng the	DUE TO, C	OR AS A CONS	EQUENCE OF	/		1			
		underlying cause	last	(10)								
	7	PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION G	IVEN IN PART 1	(3)
	ATIO	190 DATE OF OPERA	TION	19b CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORME	D	Z0g AUTOPSY?	120b IF Y	ES, WERE FINDIN	NGS USED
7	CERTIFICATION								YES NO	IN CERT	TIFYING CAUSES	
9		OR CONTRIBUTING	_	110110 4	of Injury I.m. Month	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	YT IN ITEM 18	PART OR PART 21	
1	CAI	(IF EITHER NOTIFY MED	ICAL EXAMINE	R) F	M.	19						
	MEDICAL	21d INJURY OCCUR			OF INJURY	FFICE FARM ETC)	211 LOCATION STREET		ITY OR LO	WN	OUNTY	MATE
		AT WORK AT WO										
		22a 1 certify that (I			he deceased f				to			that it twe las
		sow the decease above, (1) (we) (y after death	19, a		opinion de	eath occurred on the de	ate and ha		
		276 SIGNATURE		M	4			NDING ICIAN	MEDICAL STAI		1220 DATE	26-8-7
-		22d PHYSICIAN'S N	ME CTYPE C	OR PRINT	ALAN	M.D.	22e ADDRESS	. Un	100 pm	М.,	Harry	degre
		SURIAL, CREMATION	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	1	COUNTY	1070
		Burial		Dct.28	.1987	Cokesbu	ry U.M.Cer	meter	Abingdo	a - F	Jarford	Md.
4	24 FL	UNERAL DIRECTOR			ADD	RES		SOCIE.	P B OF RAR	256 REGI	STRAR'S STOPPAT	URE
	Ho	oward K. M	cComa	S TTT.	Abinada	on Md. 2	1009		0	32	-	

Howard K. McComas III, Abingdon, Md. 21009

DHMH 16 60M 7 84 (VRA 15, 4)

BP.

IMPORTANT If Item 21 is marked or Item 18 shows any injury, or other troumatic event,



should be detached for use with the State Dept of He MPORTANT: If Item 21 is

DHMH 16 60M 7 84 (VRA 15, 4)

BP.

FOR STATE REGISTRAR

MIDDIE

FIRST

Samue1

4 RACE

DECEASED NAME

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

LAST.

Caravello

MONTH DAY

5 DATE OF BIRTH

REG. NO

MONTH

1987

76 HOUR

20 DATE OF DEATH

October 26, 6 AGE (IN YEARS (ASI BIRTHDAY)

	Male	Cauca	sian	Dec.		85	YRS	DATE HOURS	MiN.
	THPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH	
	lermo, Sicily	U.S	.A.	WIDOWE		Harfor	d		MD
	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		CIND OF BUSIN	VESS OR
1	Belair		rmandy I		21014	retired p			h.St
130 ST	L RESIDENCE (IF MURSING HOME OF ATE 136 COL		Balto.		134 INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP CODE		
14 FAT	HER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
0	Thomas		avello		Rose	MIDDLE		IASI	
	AS DECEASED EVER IN U.S. AS NO OR UNKNOWN)	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	513	SS Norman	dy Lar	ne
1	10	INE WAR OR DATES!	213-09-	0931	Teresa Cara				
	18 CAUSE OF DEATH Enter of		line for a 1b gni	d ic			88	APPROXIMATE INT	ERVAL ND DEATH
	PART I DEATH WAS CAUS	SED BY	4	elceptal	le colon las	u		1 Mone	
	DAMEDIA		R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(ib)	R AS A CONSEQUE	INCE OF					
1 1	gave rise to immediate cause ia, stating the)							
	underlying cause last	DUE TO, O	r as a conseque	NCEOF					
1	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1 o	
CERTIFICATION	9a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DEA	ATH?
E	710 ACCIDENT WAS UNDERLYING	716 TIME C	F INJURY		21¢ HOW INJURY OCCUR				
	OR CONTRIBUTING CAUSE OF D	EAIN	M. MONTH DA						
EDICAL	THE EITHER NOTIFY MEDICAL EXAMINATED		M OF INJURY	19	211 LOCATION				
WE	WHILE IN NOT WHILE IT	LAT HOME ST	REET FACTORY OFFICE F	ARM ETC)	STREET	ITY OF TO	WN OL	INTY	TATE
				1	10 17	1.1	12 TO PA	4	
	220 I certify that (I) (the hose saw the deceased alive of	1 / 8	19_	1/2	nd that in (my) (pur) apinion				(yet) fast stated
	abave, (I) (we) (did) (did i	nat) view the bady	after death.		DEGREE			DATE SIGNE	
	9ml	intell			ATTENDING PHYSICIAN	MEDICAL STA	FF _	10)-7/	
1 1	774 PHYSICIAN'S NAME (TYPE				100	1 M. 1	-	,	
	MILHARI	PUR	gerl		4941	Easter are	BALT M	1-11	-11
230 BL	JRIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION			LATE
1	Burial	10/30	/87 Sa	cred	Heart of J	esus B	altimore		ylan
	neral director seph N. Zan	nino 2	63 SODRES C	21 onk1		E REC D BY REGISTRAR	256 REGISTRAR S-S		1
00	sepn N. Zan	111110, 2		- I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200. 00	1 20 1001			

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		La La caracter	Wieley Chemies	
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COTO , EPRENT STATE . N S. I.		.65195	, har	
	200	c. See America	2.50(0.07)	
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n es upunti guarmitatura. Butur.	2122	20700/67 Seco		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE CERTIFICATE OF DEATH

	- ل	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL NYG		, ,		
Ц	12050	CEASED NAME	FIRST		MIDDLE		AST	REG N	MONTH DAT	YEAR	10110
		JOSEP JOSEP		Stan			1 coact	I DATE OF BEATH	10 3/	8.7	26 HOUR A
	3. SEX	(4	RACE			OF BIRTH FE 13, 1916	6 AGE (IN YEARS LAST BIR		INLIER YEAR	IF UNITER , 4 HR*
-		MALE		wh:t		MONTH		71	YRS	NIHS BATS	HO R'S MIN
		RTHPLACE ATE OR FOR	REIGN 7	B CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	NEVER MARRIED	9 BALTIMORE CITY C	_	FDEATH	
2	1	Demland		U.S.	A.	WIDOWE		Harto.	d		MD
7	10 CT	TY OR TOWN OF DEAT	н		HOSPITAL, NURSIN	G HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	F BUSINESS OR
9	Fro	MStcH		Fulls	ten Gene	ral	Hasp. tal	LINE FOREM	MA	LEJEBY	IOHE CO.
	13a S		36 COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		207-	71011
	14 FA	THERSNAME					15 MOTHER'S MAIDEN NA	ME			
)		30hn	Stani		thil coat		Marie	E//En		Schm	:44
	ĮΥ	VAS DECEASED EVER IN VES NO OR UNKNOWN)		WAR OR DATES	217-07-8		mrs. O. Faye Chi	20%	Crocker Air Man		
		18 CAUSE OF DEATH Enter only one cause per line for 10, 16, and 10 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10, Vent Paky Couching. Shock Hispatensian									
		Conditions, if ony, or gave rise to imme couse to stating underlying cause	which ediote	DUE TO, OF	R AS A CONSEQUE	140	rtalette acular		ppneur	12	ronths.
	20	PART 2 OTHER SIGNI	FICANT CO	ONDITIONS CO		7	NOT RELATED TO THE TERM		DITION GIVE	IN PART 1	a
2	CERTIFICATION	19a DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? YES NO NO	20b IF YES, N IN CERTIFYII YES		NGS USED OF DEATH?
7		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 2	
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	ЕП	21e PLACE (OF INJURY SEET FACTORY OFFICE FA	ARM ETC)	21f LOCATION STREET	CITY OR TO	3.4	CO	TATE
		22a I certify that (1) (1 sow the deceased above, (1) (we) (dic	olive on_	100	3 19 8	7 or	nd that in (my) (our) apinion (deoth occurred on the d	ate and hour o		that II (we) lost causes stated
		22b SIGNATURE	~	1		M	D ATTENDING PHYSICIAN	MEDICAL STA		220 DATE	31/87
		B. PAREK	H A	PRINT,			1908 HARFO,	RD KD, F	72LS701	VMI	21047
	230 B	SURIAL CREMATION RE	EMOVAL	23h DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH 16 60M 7/84

BP.

(VRA 15, 4)

Bun Al

Nov. 3, 487

BE AN MEMORIA GARDES

Sc W. Broadway & Williams St 20 SEPHWITT FOSTE BELAIT MANJAN 21014

Belting Harbord Co, Manyland 21014
250 DATE REC D. BY REGISTRAR 25 REGISTRAR & SIGNATURE
NOV 03 1987 Julia Devices Contact Con

		99201
	All Park	Instances
Probability Services and		
27 Websell & S. 1.		
Harris rela		
15		

MPORTANT

DHMH = 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RY CERTIFICATE OF DEATH	GIENE
Caroline LAST Cochran	2a DA

FOR - STATE DECEASED NAME E OF DEATH Anna 2b HOUR TYPE OF RRINTS 3 SEX 4 RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY MONTH WHite 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH INTATE OF FOREIGN MARRIED NEVER MARRIED North Carolina WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS). INDUSTRY Homemaker USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE HAC CLAYTON RO 21085 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Norman Sturgil Reed Leota 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21009 Helen G. Dorman, 8 Valiant Drive, Abingdon, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) syndrome with Ascites Hepato-rena Conditions, if ony, which gave rise to immediate cause al, stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 1,0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM & PART OR PART 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 2 le PLACE OF INJURY 211 LOCATION STREET AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 22a I certify that (I) (this hospital) attended the deceased from, saw the deceased alive on O. 13 obove, (1) (we) (did not view the body after death and that in (malour) opinion death occurred on the date and hour and from the couses stated DEGREE 220 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

PIROVOLIDIS MD. PA

FALLSTON, M&

		V -	_			,
30	BURIAL,	CREMATION	REMOVAL	236 DATE	230	NA

Md.

.1987 Bel Air Memorial 24 FUNERAL DIRECTOR

Harford

Howard K. McComas III, Abingdon, Md. 21009

0.67738 001-787 201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO Elbert Evans 20 DATE KNOWN DEMONIH beyT DEATH MATED 54 BIRTHDAY) IF UNDER 1 YR White IF UNDER 24 HRS 1:40 DATE PRONOUNCED AM DEAD 70 BIRTHPLACE 76 CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY US-govt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS 21014 130 STATE 113d INSIDE CITY LIMITS? 13e STREET YES . 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Collins, Hattie Colvin Evans Grace Elbert OF 17 INFORMANTWILLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Wye Oak Drive (YES NO. OR UNKNOWN) Korea 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21d INJURY OCCURRED TE PLACE OF INJURY LATHOME STREET FACTORY FARM ETC 1 WHILE AT WORK AT WORK CITY OR TOWN COLINTY PAGE 4 SHOULD BE FOR 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted from: Natural causes Accident Homicide Undetermined manner ACTUAL DEATH. SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATOR) St. George's Episcopal

Harford

Oct.30,1987

Howard K. McComas III, Abingdon, Md. 21009

Burial

BP

DHMH - 17

(VR A15 ME (5)) 15M7/77

10 25 17 -I will so the state of the same of the sail 00130 887 (11 Table 0 2 130 THE REPORT OF THE PARTY OF THE PARTY.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OR ATTENDING PHYSICIAN The

TO HOSPITAL

BP.

DHMH=16 50M 1/81 (VRA 15, 4)

etained by the haspital ar attending physician

FOR STATE

REGISTAR

I DECEASED NAME

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL APYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

MIDDLE

REG NO

(IN YEARS LAST BIRTHDAY)

MONTH

DAY

YEAR

IF UNDER I YEAR

26 HOUR

20 DATE OF DEATH

6 AGE

		Male	White	MONTH 5	-19-1916	71	YRS	DATS HOURS	AA IN
1			b. CITIZEN OF WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
	N	EN YORK	U.S.A.	WIDOWE		TIARFOR	1		MD
Ag	10 CIT	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		ROTHER INSTITUTION	120 USUAL OCCUPATION		NO KIND OF BUSIN	ESS OR
J	A	BERDEEN	3694 CHURCHI	ILLE	ROAD	KET. USA	42MY	1003111	
1	130 S		OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c CITY OR TOWN HOLD		13d INSIDE CITY LIMITS?	130. STREET ADDRESS.	URCHYI	LE RDI	21028
7	14 FA	THER'S NAME	CURTIA	5	IS MOTHER'S MAIDEN NAM	AË MIDDEE	DA	PENEY	
		AS DECEASED EVER IN U.S. ARA		RITY NO.	17. INFORMANT	ADDRE	SS BALTO.	MD 2	
П	(Y)	es, no drunknown) (IF YES GIVE WW.	T 098-03-	6162	PATEICIA A. BO	HNENBERG.	8103 A	NAICE DE	
18. CAUSE OF DEATH (Enter only one cause per line for 10), PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)			BY (A)	Ofu	LMONARY	MRRES	7	APPROXIMATE INTE BETWEEN ONSET AND	RVAL D DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	UE METER	T FALL	WRE	1-2 YE	HRS
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	LUNG	DISCHSU		YEAU	15
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	In al disease or cone	DITION GIVEN IN	V PART 1:0	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?		RE FINDINGS USE CAUSES OF DEA NO [TH2
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART (OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	WH (COUNTY	STATE
		22a L certify that (1) (this haspit	al) attended the deceased fram_		, 19	to		that (1)	(we) last
		saw the deceased alive an above, (1) (we) (did) (did not			nd that in (my) (aur) apinian a	death accurred on the do	ite and haur and	from the causes st	toted
		276 SIGNATURE	K	i	ATTENDING PHYSICIAN	MEDICAL STAF		CO/22	(8)
/		CHAPLES R	ECK JR.		223 W. 8E	IAIR ACK	, AB	EROFEV,	mo
		URIAL, CREMATION, REMOVAL	236 DATE 234	AME OF C	EMETERY OR CREMATORY	23d LOCATION	1	UNIY	Roy
	34 E1	MORAL ICKEMATION	10.30.87 K.1	4. FER	1250 DATE	EREC'D BY REGISTRAR	STER, CA	SSIGNATION	7_
	TA	EPIAY FIAND IN Y	home PA AADDRESSA	211 /	1021001-20PE	T30 1987	while Dioa	for Pendae	6
	// //	MINING LINE II	GIG; IFF, TIBEROL	EN I	IGUI NAGO	777 124			

105-101-5-10-10

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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dictor page 3 (5)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REC.	NO

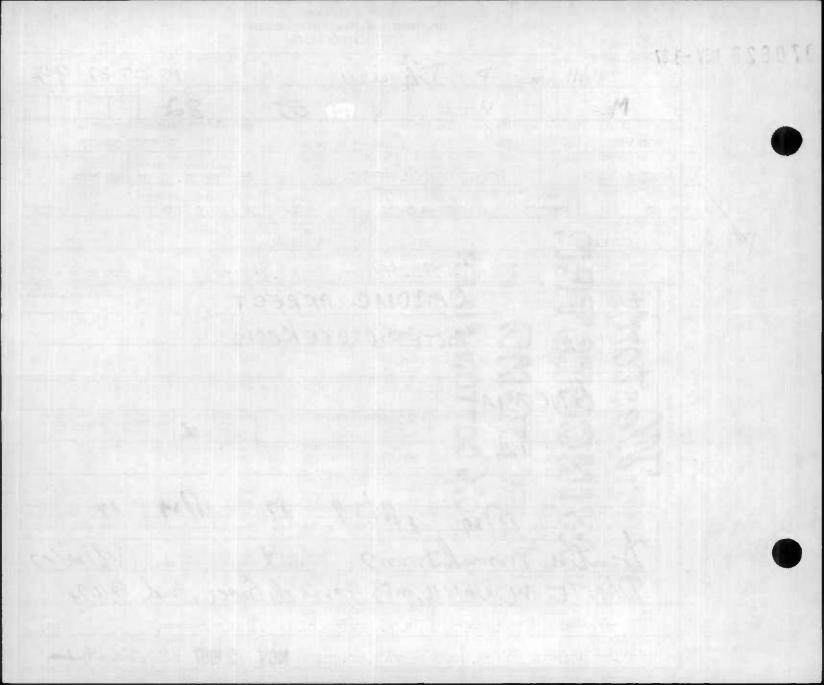
REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	0	
TO EASED NAME FIRST		WIDDLE	_ / .	LAST			AR Zh HOUR
TIPE OR PRINT	Billiam	- P 1	DAMU	00	,	10-29-8	7 9-7
3 SEX		ACE			6 AGE (IN YEARS LAST BIR		
MALE		WHITE	MONT	12 OS	8	2 YRS	AAT HOURS A
	UR FOREIGN 76	CITIZEN OF WHAT COUP	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
NEW YORK		USA				HARFORO COUN	NTY
10 CITY OR TOWN OF HAVRE de GRAI		(IF NOT IN SUCH FACILITY GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUS	STRY
USUAL RESIDENCE LIFT 13a STATE MO	136 COUNTY	13c CITY OF	RIOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
14 FATHER'S NAME	TIANT ONC	I DAVKE	UE GRACE			JRU RUAU	210
FIRST	EASED NAME A SACE S. DATE OF BRITH NOTICE DATE OF DRAIT DATE OF DRA						
					ADDRE		IELLU
LYES NO OR UNKNOWN			92248		O'AMICO		
18 CAUSE OF DI	ATH Enter only a	ine cause per line for a la	Bandy 1 1	n mn n :-	0 =	BETV	PROXIMATE INTERVA
	IMMEDIATE C	AUSE (o)	10017	U IIIKC	3 (
NO	TNE	MIA				20b IF YES, WERE FII	INDINGS USED
E					YES NOX		
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH			RED TOUTE NATURE OF THE	8 PART ORPAR	rt 21
	WHILE [OFFICE FARM ETCT	A C	10	COUNT	Y TAT
saw the dec	osed olive on	11/201	1 401	ad that in (my) (aur) apinion	death occurred on the de	ate and hour and fram	that [1] (we)
NATURE	tini	mmehr	tron	2 ATTENDING PHYSICIAN		FF _ //	29/1
226 PHYSICIAN'S	NAME ITYPE OR PRI	HONAKI	(L,MI)	HAVIL LL	Grace, 1	nd of	078
230 BURIAL, CREMATIC	N, REMOVAL 2	36 DATE	230 NAME OF	CEMETERY OR CREMATORY		OUNTY	HAI
	ATION	300CTOBER87	R. A.	FERRIS + CO.			
24 FUNERAL DIRECTO		ADI	705 (.	25a DA1	E REC D BY REGISTRAR		
MITCHELL-SMI	TH FUNERAL	HOME PA, HAVRE	E de GRACE	, MD. 21078 NO	V 2 1987	dia Devider	Kandassa

DHMH = 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending a should be detached for use as the burnal-transit permit. Then please remove corrust with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or terms.

etained by the haspital or attending physician

BP.

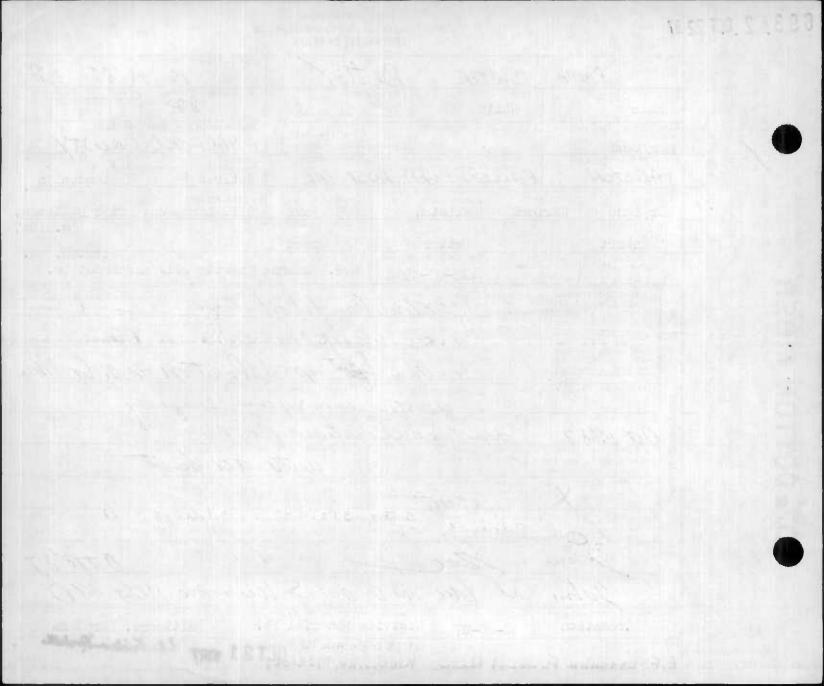


69342 OCT 22 87 FOR STATE

STATE OF MARYLAND	G 7
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	

1		REGISTRAR		CERTIF	ICAIE OF DEATH	REG. NO		enian Bros. Callston, Md. 21047 Con, Md. Dr. AAAIE INTERVALITH OF DEATH? NO STATE hat I (we) lost couves stated SIGNED
		CASED NAME FIRST RALPH	CARTER	De	tto	2a DATE OF DEATH MONTH	8-87	26 HOUR 34 10P M
	3 SEX	ale	White	S DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR	HOUR MIN
	C	RTHPLACE I HATE UP FOREIGN OUNTRY] ryland	76 CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT HARFORD	COLL	TY MD
	F	PLLSTON		EN, HO	OSPITAL	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING 1	IFE) INDUSTRY	denian
1	130 S	ryland Har	rother institution give residence BEF NTY 13c. CITY OR TO ford (l'allsto	NWC	YES NEXT	13e STREET ADDRESS / ZIP COD 2212 Larchmont	Drive 1	
		THER'S NAME Robert	MIDDLE LAST Dettor		15 MOTHER'S MAIDEN NA/ FIRST Grace	WIDDIE	7.7	
-		(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 215-03-		Mrs. Suzanne	e Chester 2212 L	archmon	t Dr.
	7	Canditions, if any, which gave rise to immediate cause of stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF	Right hip co	deviander 18 Polation 7	Dicease Wife	or tibia
The same of the sa	CERTIFICATION	1% DATE OF OPERATION Oct 18/87	196 CONDITION FOR WHI	retic	anewrest	Jee 206 IF YE IN CERT		OF DEATH?
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (1F EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED.	ATH FOUR A.M. MONTH P M 21e PLACE OF INJURY	19	216 HOW INJURY OCCURS Audio	RED LENIER VATURE OF INJ. IN THE RESERVED ACCOUNTY	OUNTY	
2		saw the deceased alive ar abave (I) (we) (vaid) (dyd ni 22b SIGNATU)	oital) attended the deceased from the bady after death	m Netob	nd that in (my) (aur) apinian (to October 18 death accurred an the date and ha	19_87_	that I (we) last causes stated
		22d PHYSICIAN'S NAME (TYPE	OR PRINT) / Mee	M.C	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN D	OF M	1857
		urial, cremation, removal SPECIFY) Cremation	10-20-87	Westvi		Daromor		land
	24 FU E.	F. Lassahn F	ADDRESS Home		Belnir Rd 250 DAI	T 2 1 1087	BALLANA A	publica

DHMH 16 60M 7 B4 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

OCT 2	218	7STATE REGISTRAR	, , , , , , , , , , , , , , , , , , ,	CERTIFICATI	OF DEATH	REG. NO	
		CEASED NAME FIRST OR PRINT) FRANCES	Lorinne	Denn	ley	20 DATE OF DEATH MONTH	9. 1987 10:35 M
	3 SEX		4 RACE	5. DATE OF BIRTH		6 AGE-(IN YEARS LAST BIRTHDAY)	MUNDER LYEAR IF UNDER 24 HRS
		Female	White	June	9 1914	73 YRS	NO.
10/		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8	IEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
0	_	Penna.	USA	WIDOWED	DIVORCED [Harton	cl MD
fied	10 CI	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUF (IE NOT IN SUCH EACILITY, GIVE ST 		ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	176 KIND OF BUSINESS OR INDUSTRY
no no	Ha	vie de blace	Harford Me	morial H	spital	Homemaker	
in the second	13a S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR T		SIDE CITY LIMITS?	13e STREET ADDRESS	21078
Ë			rford Havre	de Graces	□ NO ☑	1006 Morrison Bl	vd.
Se /	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	13. MC	OTHER'S MAIDEN NA	WIDDLE	LAST.
20		ahlon Vas deceased ever in u.s. ar	MED FORCES? 166 SOCIAL S		elen FORMANT	E. ADDRESS	Garnes-Fassnach
- due			/E WAR OR DATES)				
E			298-14		n G. Denn	ey, Jr. same as	13
ent, t		18 CAUSE OF DEATH .Enter or PART I. DEATH WAS CAUSE	nly ane cause per bie far ia, (b	~ 4	01/4	1	BETWEEN ONSEHAND DEATH
9 0		IMMEDIA	TE CAUSE 10 CCM	ren (1	10 0000
E O		Condition if any his	DUE TO, OR AS A CONSE	QUENCE OF	1-1		2-3 years
r troit		Canditions, if any, which gove rise to immediate cause (a), stating the) 10-1-1			11+	1 1
othe		underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	rina n/	Horas Disc	222
7, 0	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED O THE FERA	MINAL DISEASE OR CONDITION G	IVEN IN PART 1 0
0	FICATION	Collaten	ous Cor	alis	HISTO		unordes
s an	ICA	THE DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS	PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
100	CERTIF			and the same of th		1927	es NO
80		71a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.	THOUGH A MA MONITUE	DAY YEAR	OW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OF PART 2)
Hem	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	OCATION		
Pa	MEDI	21d, INJURY OCCURRED	21e PLACE OF INJURY		STREET	CITY OF TOWA	COUNTY STATE
norke		AT WORK		10-11-	- 0	7 10/10	2
I is n		saw the deceased alive or	ital) attended the deceased fro		in (my) (our) opinion	death accurred an the date and ha	that (I) (we) last
em 2		abave, (1) (we) (did) (did no	t view the body after death	DEGRE			1226 DATE SIGNED /
并	ш		J. O. Duni	MID		MEDICAL STAFF DIRECTOR PHYSICIAN	18/19/8
Z /	4	224 PHYSICIAN'S NAME (TYPE	DR PRINT)	722e #	DORESS	DIRECTOR PHYSICIAN	
ORT		FAL	00, M.D	, 7	tanec	Le Grace	, lud.
X-	73a E	BURIAL, CREMATION, REMOVAL	23b DATE 2	230 NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	COUNTY STATE

DHMH=16 50M 1/B1 (VRA 15, 4)

BP.

Burial 24 FUNERAL DIRECTOR

Oct. 21, 1987 Mt. Erin Cemetery Havre de Grace Harford
| 1256 DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE The Seiden-Rondon

Mitchell Funeral Home Havre de Grace

10 52 KD 32 8 8 8 0 Analog .

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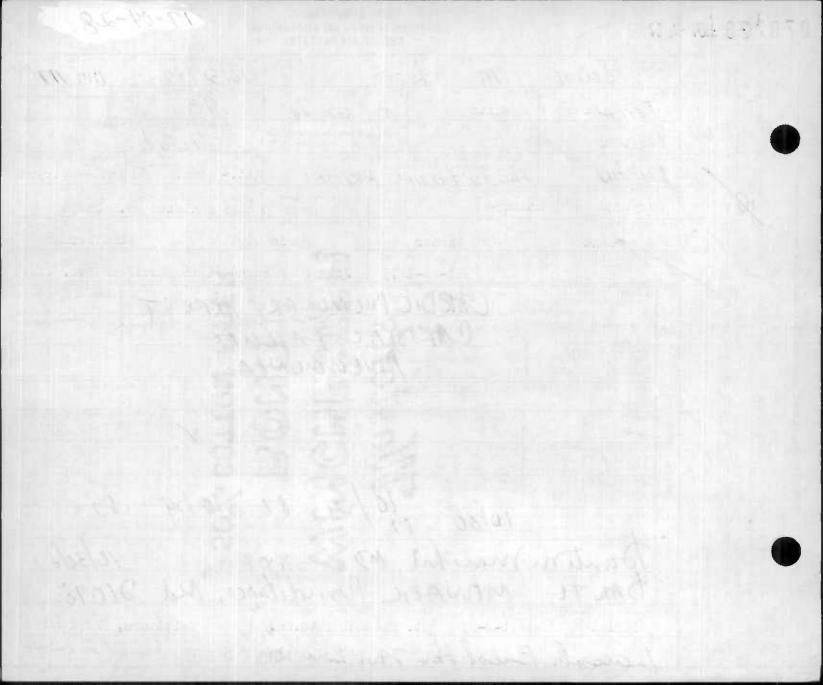
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE

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REG	NO				

	REGISTRAR		CERTII	FICALE OF DEATH	REG NO	
1	DECEASED NAMES		DDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Ellen	M	DIETZ		10/30/87.	1:17 /01
3	SEX	4 RACE	MONT	OF BIRTH H DAY YEAR	A ACE (IN YEARS LAST BIRTHINAY)	IF INDER YEAR IF INDER.
/	I-EMALE.	white	10	22 14	79. VK	
70	BIRTHPLACE ATE OF FOREIGN	1	HAT COUNTRY? 8 MARRIE	D NEVER MARRIED	I BALTIMORE CITY OR COUN	TY OF DEATH
1	Maryland	USA	WIDOW		HARLON	
12	FAKSTOWN OF DEATH	FALSTA	OSPITAL, NURSING HOME (FACILITY GIVE STREET ADDRESS)	HOSP HAL	TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINES INDUSTRY Self-Employ
13 13	SUAL RESIDENCE IF NURSING HO STATE Maryland		ve residence before admission) 3c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 4126 Kahlston	
E 17 14	FATHER'S NAME	MIDDLE	LAS1	15 MOTHER'S MAIDEN NA	WE	LAST
200	_f 'rank	***************************************	disner	Mamie	Model	Schafferman
0) 16	WAS DECEASED EVER IN U.S	ARMED FORCES?	66 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
me me	(IF TE		213-20-1475	Joan M. Par	rsons 1216 Naro	cissus Ave. 21
jury, ar other traum		e due to, or A	AS A CONSEQUENT DE ATH BUT	SEAMON	LA AINAL DISEASE OR CONDITION OF	GIVEN IN PART II O
8 shows any injur	190 DATE OF OPERATION	196 CONDITI	on for which operatio	DN WAS PERFORMED	206 *LHOP5+9 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \(\text{ NO } \(\text{ \text{ NO } } \)
E	OR CONTRIBUTING CAUSE	DE DEATH HOUR A.M.	MONTH DAY TAR		RED Transport of Ministry IN ITEM	8 PART ORPART ()
orked or the	VHILE NOT WHILE AT WORK	21e PLACE OF	FINJURY T FACTORY OFFICE FAR	TILLIOCATION (THEFT)	10/20	COUNTY
21 is mo	22a I certify that (I) (this I saw the deceased alive grove, (I) (we) (did) (did)	112/3	deceased from 19 17 . /	inf that in (my) (our) opinion	deoth occurred on the date and l	that I (without and from the causes state
T He	20 GNATURE TO THE	n. ma	rapil 1		MEDICAL STAFF DIRECTOR PHYSICIAN	10/30/8
MPORTAN	DANTE	TYPE OR PRINT)	NAKIC	my ADDRESS	me, red	21078
23	BURIAL, CREMATION, REMO	236 DATE 11±2-8		CEMETERY OR CREMATORY hael Luth.Ch.	23d LOCATION CITY OF TOWN Baltime	ore, Maryland
7/84	FUNGRAL DIRECTOR	1 10	1 PADRES TA	1 D 250 DA		ISTRAPS SIGNATURA

DHMH 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/8-(VRA 15, 4) FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL KYGIENE

NAME REST EASED EVER IN U.S. A UNKNOWNI SE OF DEATH IEnter of TI DEATH WAS CAUS	A RACE White The CITIZEN OF WHAT COUNTRY L.S.A. 11. NAME OF HOSPITAL, NURSI (IF NOT INSUCH FACILITY, GIVE STREE BEHT CONVAILES ON OTHER INSTITUTION GIVE RESIDENCE BEFORM INTY MIDDIE CREVENST RMED FORCES? IVE WAR OR DATES) TO STREET TO STREET LAST LAST CREVENST INTY THE CONVAILES AND TO STREET TO S	S DATE OF MONTH SULY ? 8 MARRIED WIDOWED ING HOME OR ET ADDRESSI SER ADMISSION) WN URITY NO. URITY NO. Indicate Arry Indicate In	DAY YEAR T, 1889 NEVER MARRIED DIVORCED OTHER INSTITUTION 13d INSIDE CITY LIMITS: YES NO IS MOTHER'S MAIDEN IN FREE TO INFORMANIDAMY Mrs. Esther E.	9 BALTIMORE CITY 120 USUAL OCCUPA 1170 USUAL OCCUPA 1179 OF WORK FOR MOST HEUSEWI ST 2 130 STREET ADDRESS 126 Hick MAME	OR COUNTY OF D TON OF WORKING LIFE) ZIP CODE OTY COUNTY TRESS TEN Suck	DEATH b KIND OF BUSINESS COUNTRY LEMETA KET CAST C
EMALE OF FOREIGN THE TOTAL COLOR THE T	A RACE White The CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI (IF NOTINGSUCH FACILITY, GIVE STREE BELL ATT ON THE INSTITUTION GIVE RESIDENCE BEFORM NTY MIDDIE CREED ST RMED FORCES? (NE WAR OR DATES) AND THE CAUSE (D) DUE TO, OR AS A CONSEOU	S DATE OF MONTH SULY ? 8 MARRIED WIDOWED ING HOME OR ET ADDRESSI SER ADMISSION) WN URITY NO. URITY NO. Indicate Arry Indicate In	DISTRIBUTION DI	9 BALTIMORE CITY 120 USUAL OCCUPA (TYPE OF WORK FOR MOST HEUSEWIF ST 2 130 STREET ADDRESS 126 Hick NAME MIDDLE MEELET 33 C276 ADDI Wheeler 34 A	PRINTEDAY) WONTH YRS. OR COUNTY OF D CO. TION OF WORKING LIFE) IN ZIP CODE TOTY COUNTY RESS Tren Buck or Maryley	DEATH BE DAYS HOURS MIT BE DAYS HOURS MIT BE DAYS HOURS MIT BE DAYS HOURS MIT LAST DEATH LAST DEATH LAST DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND BEAT
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Severe	Osterperosis	-	oressien	Olderide direct		, , , , , ,
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-	**********			YES NOR	IN CERTIFYING	CAUSES OF DEATH?
IDENT WAS UNDERLYING			21c HOW INJURY OCC	URRED CENTER NATURE OF IN		
TRIBUTING CAUSE OF DE		DAY YEAR				
URY OCCURRED	21e PLACE OF INJURY	- ' '	211 LOCATION	· · · · · · · · · · · · · · · · · · ·		
NOT WHITE	(AT HOME STREET FACTORY OFFICE	FARM ETC)	STREET	CITY OR I	OWN	OUNTY STATE
7.	pital) attended the deceased from	- 5	U6-1 10 8	7_10_/0	123 10 1	f 7 that (we) to
the deceased plive a	Approx. Oct. 19		,	. 10		
ive, () (we) (did) did n	on view the body ofter death.	Dis				22c DATE SIGNED
C	311.5			MEDICAL ST.		10/01/5
	110 000	_ 7		DIRECTOR PHYS	ICIAN []	10/ 37/0
CICIANI'S NIAME				NICLIN ST	· BelA	in, Md.
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J.K.L	L 23b DATE 23c	NAME OF CEA	METERY OR CREMATOR	23d LOCATION	COU	THIT TIME
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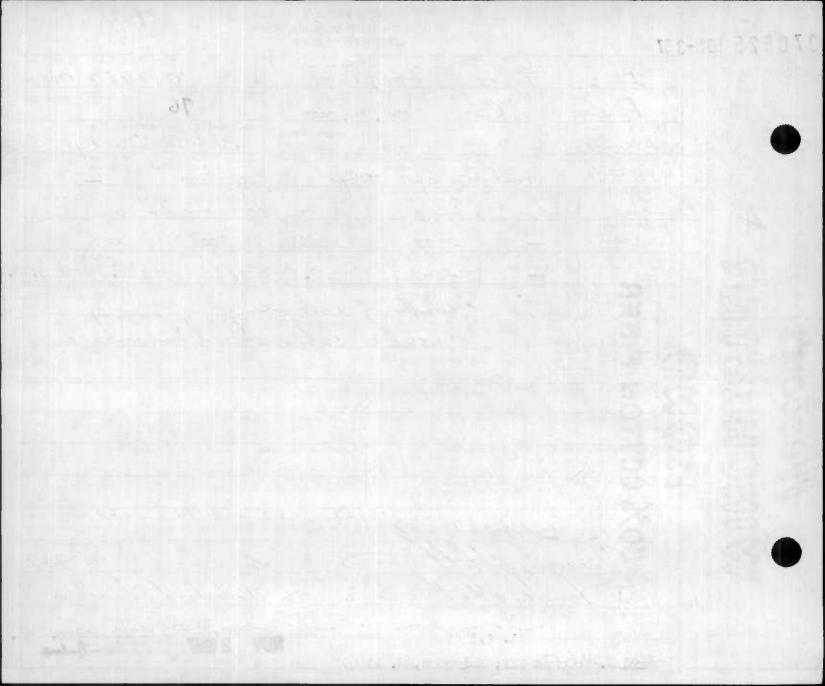
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

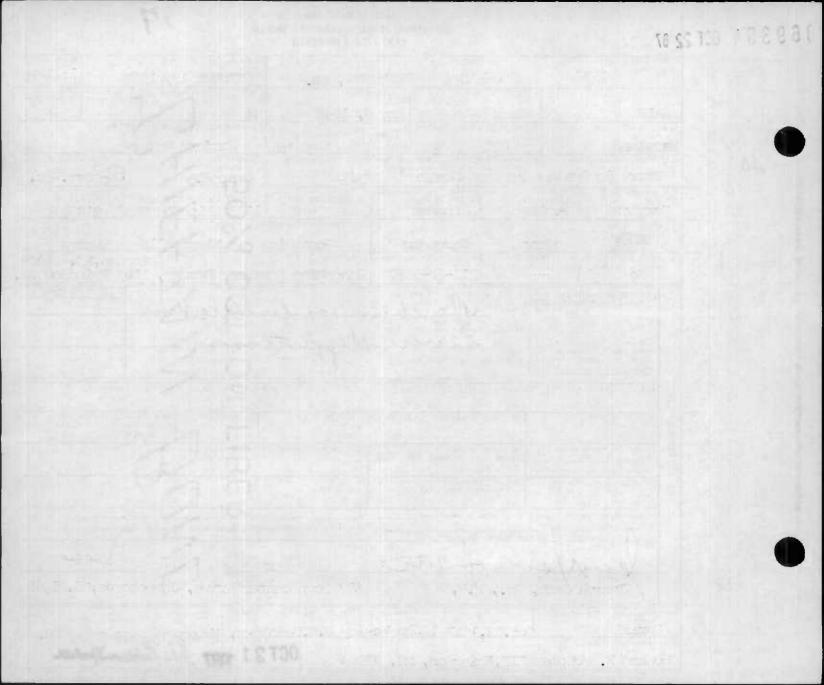
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STATE OF MARYLAND

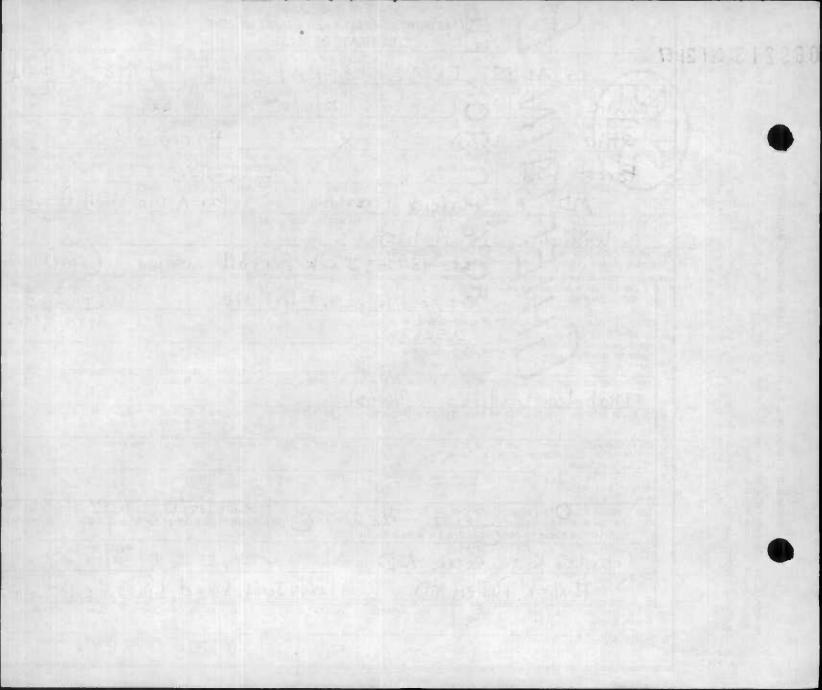
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

069354 OCT 2	POR STATE REGISTRAR	DEF	ARTMENT OF HEALTH AND MENTAL HAY CERTIFICATE OF DEATH	GIENE REG NO	3.1	
	1 DECEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b HOUR
eo e	(TYPE OR PRINT)	DOUGLAS	FERGUSON, SR.	OCTOBER 18	8, 1987	1:42 PM
mo)	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER THE AR	# UNDER . 4 HRY
4 65	MALE	Black	May 9, 1943	44	YRS.	HODRI MIN
1 61 4	To BIRTHPLACE ATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	9 BALTIMORE CITY O		
1 15/10	Maryland	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED 🕏	77 6 7	County	MD
116 27	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126 KIND O	F BUSINESS OR
5 # 1 66	Havre de Grace		orial Hospital	Custodian		vt.Ret.
MARYLAND 2120	USUAL RESIDENCE (# NURSING HOME 130 STATE 136 CO Maryland Har		TOWN 136 INSIDE CITY LIMITS?	130 STREET ADDRESS / 1103 Abingo		009
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FATHER'S NAME	MIDDIE (A	15 MOTHER'S MAIDEN N	AME	IAS	
A 1 18 48 C	Neal H	arry Ferg	uson Josephir	ne Floral	celle Tho	mas
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DIVISION OF VITAL RECORDS. NG PHYSICIAN The law requir offending physician that this certificate has been signs the burial-triansit permit. Then though mental Hygiene prior to broad Mental Hygiene prior to backed or tem 18 shows any injur	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES	
IOF VITA ICIAN TI g physicial entificate riol-transiti	OR CONTRIBUTING TO CAUSE OF	DEATH HOUR A.M. MONTH	1 DAY YEAR	RRED (ENTER NATURE OF INJUR	INITEM IS PART OR PART ?	Name of State of Stat
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attenbil spital or CTOR A I for use of Heali	saw the deceased alive)	pital) attended the deceased for	and that in (my) (our) opinion	deoth occurred on the da	te and have and from the	
TAL OR RAL DIRE defoched tote Dep	TTS SICHATURE	and a		MEDICAL STAF	F 220 DATE	9-87
TO HOSPIT to FUNER should be a with the Ste		k, Jr., M.D,		nter Drive,	Joppatowne, M	d.21085
5 5 1 4 7 7	23a BURIAL, CREMATION, REMOVA		230 NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	TIATE
BP	Burial	bct.22,1987	John Wesley U.M. Ceme	etery, Abing	on Harford	Md
DHMH 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR HOWARD K. McCom	as III.Abinado	0000	12 1 1087	Sh REGISTRAR'S SIGNAT	

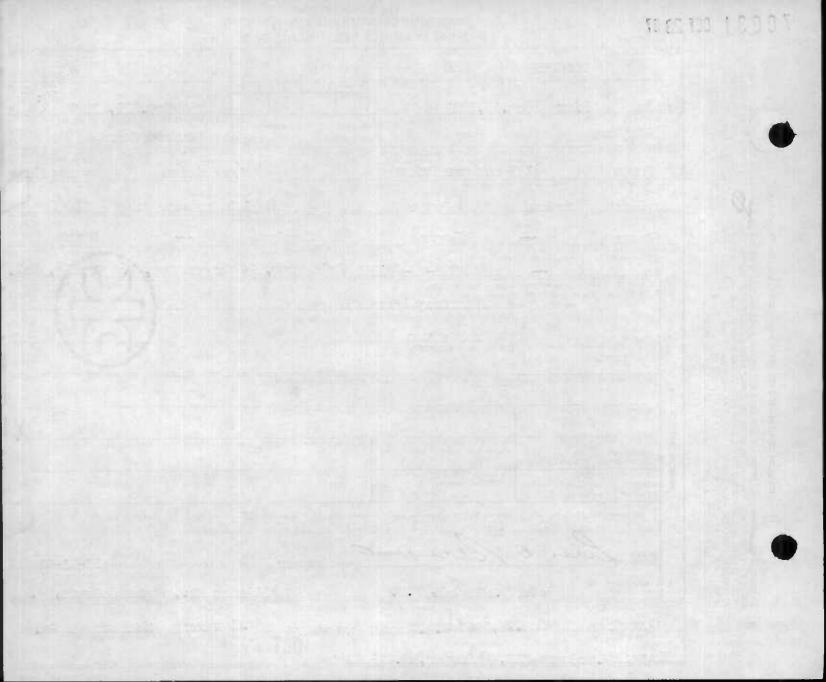


DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH D DECEASED-NAME 20. DATE OF DEATH First Middle 2b. HOUR Month 1 7 Day 87 Year (Type or print) 10:25 AM 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6 AGE (In years lost birthdoy) remare 12 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND 21201 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 CITY OR TOWN odmission) STATE 13b. COUNTY Forest Hill YES 🗍 NO 213A 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle 17. INFORMANJ 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Jack Ferrall (Yes, no, or unknown) Sou Same 1B. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) PRESTON STREET, PART I. DEATH WAS CAUSED BY: ougesti IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ascV (onditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF please stoting the underlying couse DIVISION OF VITAL RECORDS, 301 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED JO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION fransit permi CAUSES OF DEATH? YES 🗌 NO [21o. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) urial, UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor If either, notify medical examiner burial 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work ATTENDING causes-stated abave, (I) (we)(did)(did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR Ment ATTENDING DEGREE PHYS. PHYS. Tru DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS FUNERAL hauld be shauld be of Health retained 23a BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 10-17-87 10 Remova ADDRESS 25a. REC-D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE DHMH - 16 3/72 25M State Anatomy Board Balto., Md. (VR A15 (4))

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0682 NOV -MEDICAL EXAMINER'S CERTIFICATE OF DEATH TYPE OR PRINT Galinis Rose DEATH MATED A AGE IN THAIL IF UNDER 1 YE. DATE OF BUILDING IF UNDER 24 HRS DATE YEAR BART BRITISHDAY PRONOUNCED DEAD Temale Cauc. BALTIMORE CITY OF COUNTY A BRITHPLACE HIGHTLOS 78 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN-COUNTERS Harford County, DIVORCED IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CR.INDUSTRY ClothingCo Seamstress Harford The STREET ADDRESS De STATE UL CITY OF TOWN COA THISBH CITY LUADIST YES [Forest Hill 413 Kahoe Rd. 1855 **HODDS** Andricks Antoinette IT INFORMANT IN SOCIAL SECURITY NO. Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? above CYRIL THOU DIR LITHKING WITH I 19 etc. Day was OFDATED 212 10 2507 Mrs. June Potter, Dghtr, same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) F-MEDICAL EXAMINER ALONG ED AS A BURIAL-TRANSIT PERMIT MEALTH AND MENTAL HYGIENE, L. CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USE AFFE DEPARTMENT OF BALTIMORE, MARYLAND, 2120 PRIOR TO BURIAL BALTIMORE, MARYLAND, 2120 PRIOR TO BURIAL YES NO 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE WHILE AT WORK Inspection X 220 I certify that I took charge of the remains described above, held an Natural causes X Undetermined manner death resulted fram: Accident Hamicide ____ SIGNED_ 11/2/87 EXAMINER'S NAME 464 Alliance St. Havre De Grace, MD Luis E. Reniel, M.D. TYPE OR PRINT 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION (SPECIFY) 11/4/87 Oaklawn Cem. Burial Balto, Md. 07 84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D. BY REGISTRAR 9705 Belair Road DHMH 17 (VR A15 ME (5)) SCHIMUNEK FUNERAL HOME, Balto, Md. 21236

Burden il/1/1987 Holy Group Jon. . . Street, Marriord, Ed.

B. disdes arris barrotsville, H.

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ne funeral directar page 3 within 72 haurs after death

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

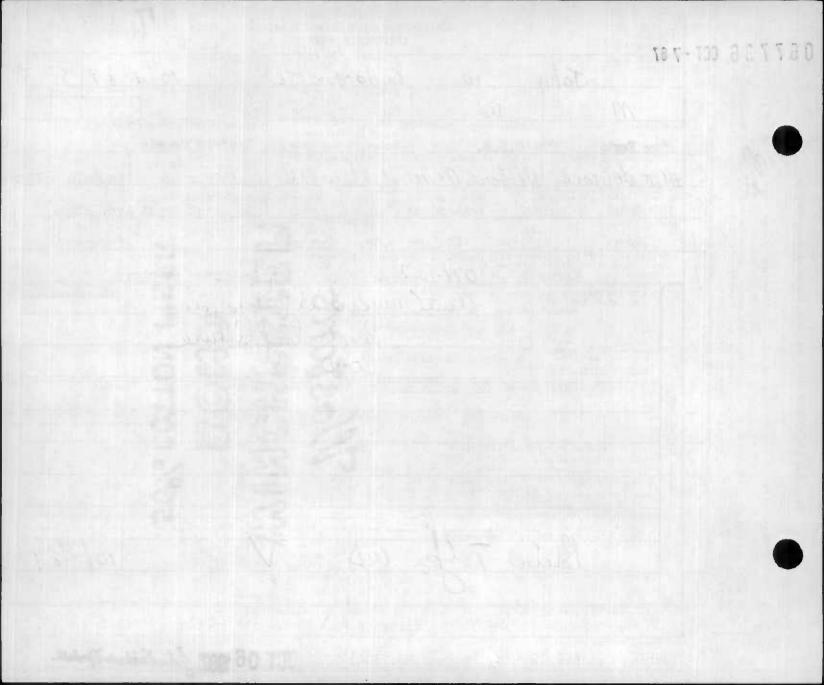
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DHMH 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)

BP.



STATE OF MARYLAND

OF	REGISTRAR				CERTIF	ICATE OF DEATH	4					
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(Y	YES NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	153-03-	6025	Charmaine	Frank					
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DHMH 16 60M 7/84

24 FUNERAL DIRECTOR Marzullo Funeral Service (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

10-24-87

Upperco, MD.

23c NAME OF CEMETERY OR CREMATORY

133 LOCATION
Hackensack, Bergen, NewJersey St. Josephs Cemetery

1000 10 1420 10

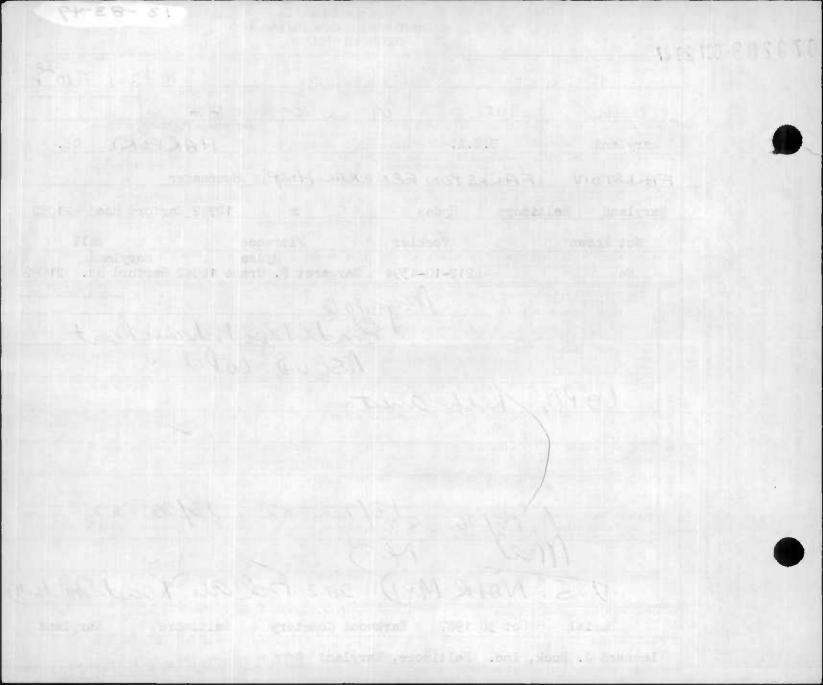
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 1201 IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burnal-tronsit permit. Then please remove carban papers. Pagi with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN The law

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A DATE OF DEATH AND ADDRESS TO MERCANDERS AND ADDRESS AN	070	120	3	OCT 2	1 - 0 8	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	
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STATE OF MARYLAND

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	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG N			
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BP. DHMH 16 60M 7 84

TO FUNERAL DIRECTOR

(VRA 15, 4)

MPORTANT If Item 21 is marked ar

(SPECIFY) Burial 24 FUNERAL DIRECTOR 10/29/87

Churchville Holy Trinity Episcopal

TATE Harford Md.

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

250 DATE REC D BY REGISTRAR 250 REGISTRAR S SIGNATURE

17.03 FB 131-2 ct

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

March 27,1915

Lo ui se

17 INFORMANT

20 DATE OF DEATH 26 HOUR A AGE LIN YEARS LAST BIRTHDAYL BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED 126 KIND OF BUSINESS OR INDUSTRY Police Officer Baltimore Co. M 13e STREET ADDRESS / ZIP CODE 11197 Sheradale Dr 15 MOTHER'S MAIDEN NAME Sraver ADDRINgsville, MD. 1197 Sheradale Dr. 21087 O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART . and that in my (our) apinion death occurred an the date and have and from the causes stated 22 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

HIPPCRY) Burial

THE BERIAL EFEMATION, REMOVAL

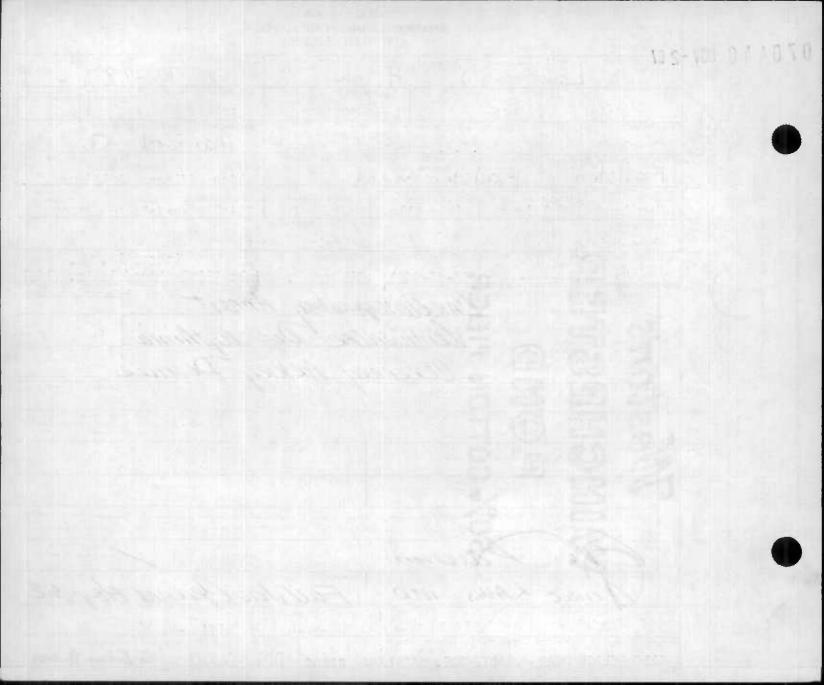
24 FUNERAL DIRECTOR DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MARYLAND

Nov 2, 1987

21206

Parkwood Cemetery

211 LOCATION

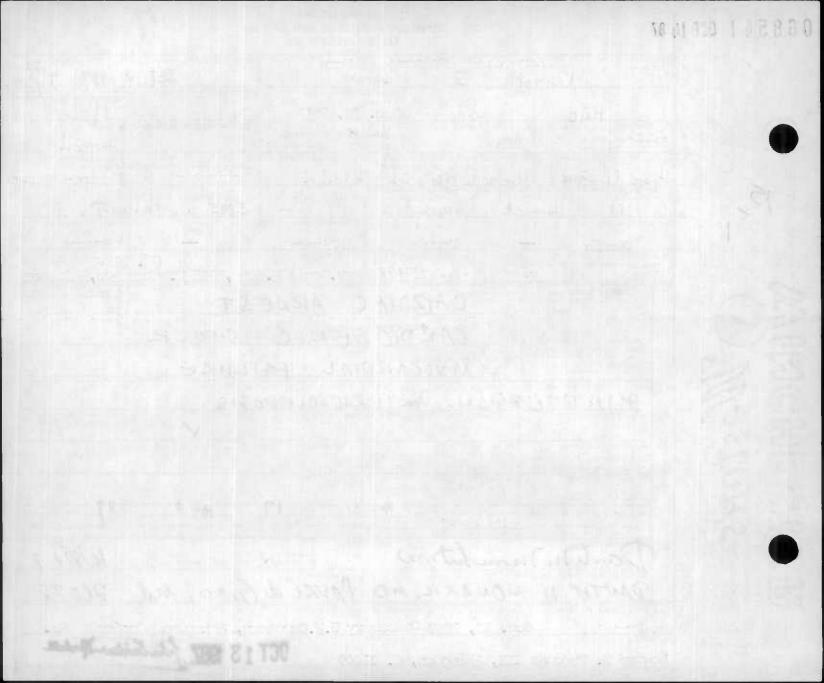


STATE OF MARYLAND

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MARYL MA	14 FA	THER'S NAME FIRST George	MIDDLE W.	Homer		15 MOTHER'S MAIDEN NA FIRST Fannie	ME ROSANI	na	Singleton	
BALTIMORE, MARYLAND one be executed within 24 special and completely like out to the executed within 24 the extend when the part the extend whe		AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES. O	RMED FORCES?	213-18-2		Juanita D. Ho	omer, 8 Wood	Md.	21028 rive,Churchvill	
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	(VRA 15, 4)		НС	Howard K. McComas III, Abingdon, Md. 21009									



PRESTON ST., BALTIMORE, MARYLAND 21201 3 DIVISION OF VITAL RECORDS, 201

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO WIDDIE 20 DATE OF DEATH MONTH 26 HOUR 1 DECEASED NAME LIYPE OR PRINTS 4 RACE DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY! 20, 1903 Female White Jan. BALTIMORE CITY, OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136. COUNTY
137. CITY OR JOWN Cecil erryville 13d INSIDE CITY LIMITS? 403 Concord Apts, Perryville, Md. Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Charles HUDDLE MIDDLE Pratt 'AST Baûer Katherine ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18-80-4992 Clifford F. Hunter, Jr., Perryville, Md. 18 CAUSE OF DEATH (Enter only one cause per line for to PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a HEART PAILURE Canditians, if any, which gave rise to immediate cause ta, stating the underlying cause

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART ? 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 22a L certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated MATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF

FUNERAL MPORTANT d b Buria] BP. 24 FUNERAL DIRECTOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

71. MONA) 230 BURIAL CREMATION REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

Md 21078

Oct. 16,1987 Harford Memoria Garden Churchville, Harford

22e ADDRESS

Julia Devider Pandale

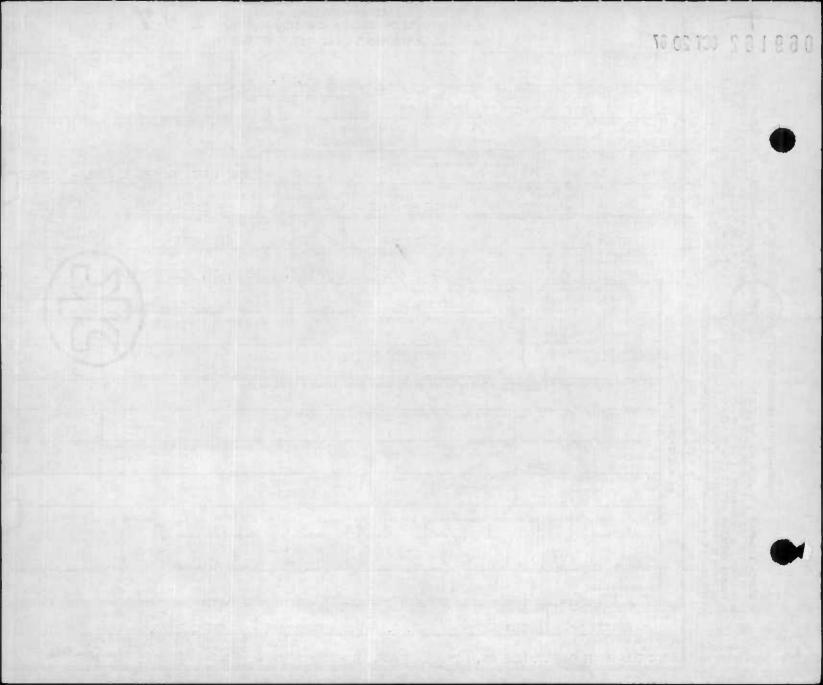
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 9 7 2.

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FOR DEPARTMENT OF HEALTH AND MENTAL AYGIENE 69375 OCT 2287 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20 DATE OF DEATH LTYPE OR PRINTI Arvid 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) 3 SEX To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ID ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) HAVIEL de CHOLLE countral DOUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 1136 COUNTY 134-CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? PA, TY ANI 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EMPST MIDDLE LAST MIDDLE FIRST 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per life Joseph III) and PART (DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS & CHITRIB DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à ed Hyg 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ă STREET I AT HOME STREET, FACTORY OFFICE FARM ETC) orked AT WORK 22a L certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did I did not) view the boar after 1 ath 226 SIGNATURE -ATTENDING MEDICAL be deto PHYSICIAN MPORTANT

LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY CITY OF TOWN that (I) (we) lost and that in (my) (aur) apinion death accurred on the date and have and from the causes stated TO PARESIGNED STAFF DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE DE PRINT) 730 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATIO ITY OR TOWN 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR RD Funeral Ho

STATE OF MARYLAND

MONTH

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INDUSTRY

DHMH 16 50M 1/81 (VRA 15, 4)

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d b show.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN OF Allie 0. Johnson DEATH MATED X IF UNDER 1 YR 74 HOUR IF UNDER 24 HRS 20 DATE LAST BIRTHDAY PRONOUNCED 10/24/35 10/24 DEAD 10 87 9a M 2. AND 3 TO THE FUNERAL DI 7.3. RETAIN PAGE 5 FOR YOU 2. SHOULD BE FILED, WITHIN 7. TAL RECORDS, 201 W. PRESTON TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED USA Harford DIVORCED Virginia WIDOWED ID CITY OR TOWN OF DEATH 12g USUAL OCCUPATION LIVE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE Aberdeen Factory 312 Center Dean St USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, CO 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 312 Center Dean St. Harford Aberdeen 21001 YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARPED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND SAFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITIBALITHORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL. MIDDLE IAIT Smith Joyce Fannie 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO. OR UNKNOWN) I LIF YES GIVE WAR OR DATES! Robert (husband) 223-44-0123 same 18 CAUSE OF DEATH (Enter only one cause per line for (a (b), and (c) PART | DEATH WAS CAUSED BY Cardo Yres IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 7D AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME 21f LOCATION STREET FACTORY FARM FIC I CITY OF TOWN WHILE AT WORK 22a I certify that I taok charge of the remains described above, held an Autapsy Inspection Z death resulted frame) Natural causes X Accident Undetermined manner ACTUAL 10/24/87 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Luis E. Renjel, M.D. ADDRESS 464 Alliance St. Havre De Grace, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY Pa.

DHMH 17

07 84

(VR A15 ME (5))

10/29/87 Cremation 24 FUNERAL DIRECTOR

R. A. Ferris & Co.

West Chester Chester

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WAY CERTIFICATE OF DEATH	GIENE REG. NO.	Syl min	•
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MONTH DAY YEAR	50	MUNTHS DAT	HOURS MIN

	CEASED NAME	FIR5;	^	AIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOL	UR
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	Harry			Fisher		Ed	na			Lowi	nan	
	VAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMAN	11	ADDR	ESS			
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7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	0	
CERTIFICATION	1)10	bette.	Tal	Ui bes								
A	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFOR	MED	200 AUTOPSY?		S, WERE FINDI		
Ĕ								YES TI NOT		ES 🗆	NO F	
ER	71a ACCIDENT WAS UNE	ERLYING []	216 TIME O	FINJURY		21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)		
	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M MONTH DA	Y YEAR							
ĕ ∪	(IF EITHER NOTIFY MEDIC		P.,		19	1						
MEDICAL	21d INJURY OCCURE	RED	21e PLACE	OF INJURY	Pag 51/ 1	21f LOCATIO	N	CITY OR 10	OWN	COUNTY		STATE
>	AT WORK NOT WH	ILE RK	(AI NOME SIN	ACTOR OFFICE TA	ann cici							
	22a I certify that (I)	(this hospital) attended th	e deceased from_			. 19	to		, 19	that (I) ((we) las
	saw the decease	ed alive an		19				death accurred on the d				
	abote, (1) (we) (c	did) (did nat)	view the bady	after death		DEGREE				-	DSIGNED.	
	210 SIGNATURE	,	1 1/21	2. /	Ili	10	TENDING	MEDICAL STA	FF	100	DIAMED AT	/
	Luc	eli /	- yar	v-X				DIRECTOR PHYSI		14/	2//	67
	22d PHYSICIAN'S NA	AME (TYPE OR P		0		22e ADDRESS		1 - 1 /	-	110 16-	- 0	-
	15 5121	0 5	60	L 1/E>	mi	1105	S 111	Ulan A-VI	1-a /	THUCK	1	

IMPORTANT If Hem 21 is morked or Hem

injury, or other troumotic event, the

DHMH 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial,

10/29/87

24 FUNERAL DIRECTOR

FOR STATE REGISTRAR

23c NAME OF CEMETERY OR CREMATORY Harford Mem. Gardens

23d LOCATION
CITY OF TOWN
Aberdeen

Harford

Md.

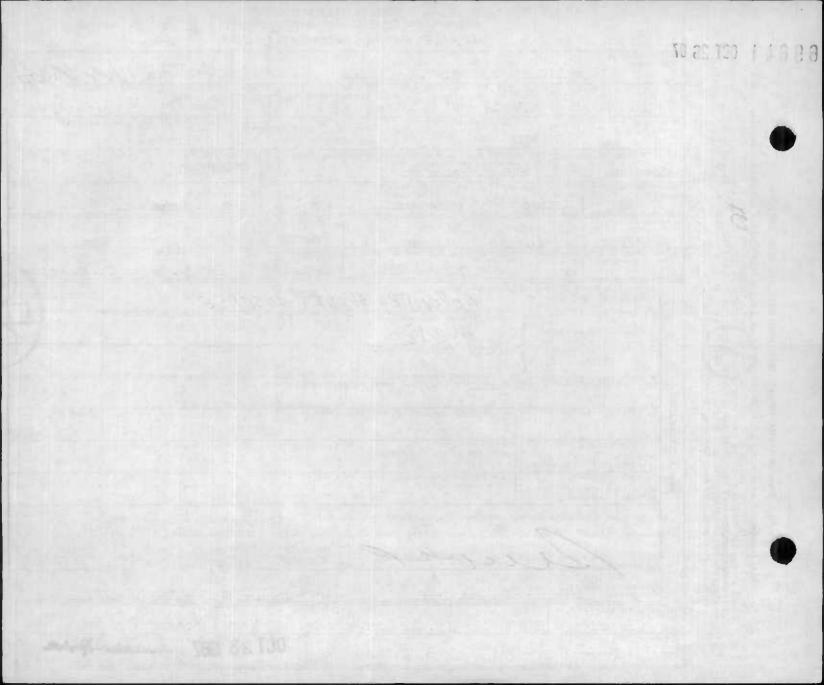
Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE PER NO.

n 1.	I DOT DO	12.6	REGISTRAR		MEL		EXAMINI	EK. 2 CEI	KIIFICATE	OF DEA	REC	NO		
0 4	1 061 20		EASED NAME	FIRST		MIDDLE		LAS			20 DATE KNOW	MONIH,	TAY FEAR	26 HOL
	25 8 55 E	1	CRITRINI	Willi	iam	н. 1	1	Keen			OF ESTI	R 111/	1000	1/200
	A C E C E C E C E C E C E C E C E C E C	3 SEX	4	RACE	5 DATE OF BIRTH		6 AGE IN YEAR				2c DATE	MONIH	DAY TEA	R 2d HOL
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	200		Marvlano	1	USA			WIDOWED		CED 🗆	Harf	ord		N
	大学は出る人	ID CI	TY OR TOWN O	DEATH	11 NAME OF HOSE			OR OTHER	INSTITUTION		AL OCCUPATION		26 KIND OF I	
	SEASON O		berdeen		518 S. I	Parke	St.			Di	sabled		OK II VDO.) IN I
21201	135	3a S		136 COUN		13c CITY	OR TOWN erdeen,	13 d	INSIDE CITY LIMITS?		EET ADDRESS .8 S. Par	ke St.	210	01
WD.	=225E11	14 FA	THER'S NAME		MIDDLE		LAST	15	MOTHER'S MAIL	DEN NAME	WIDDLE		LAIT	
	ZHE ZEVI		William		Н.	K	Ceen		Doris				Keen	
TIMORE	SSR		AS DECEASED		MED FORCES?	16b 500	IAL SECURITY	NO. 17	INFORMANT		ADDI	RESS		
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NO	ZA H DONG ONG SIEN VAL			IMMEDIA	TE CAUSE (o)	010	NAKY	NEI	FF1 11	13619	26			
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	Beagage				(c)									
RECORDS	MA A BEA	z	PARI 2 UINER SIGN	FICANI CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELA	IED TO THE TERMIN	VAL DISEASE OR	CONDITION GIVEN IN I	PART I o				
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1×	HEF USE	5	THE DATE OF C		The CONDIN	OITTOR	WINCII OF ERA	TIOIT WAS	PERI ORMED.				410	
5	NOR NE CHE	Ē.	210 EXTERNAL	CALISEWAS	216 TIME OF	INJUIDY		T11, HOW	INTURY OCCUP	DED CAREE	NATURE OF INJURY IN ITE		YES [NOL
0	SHEER STO		UNDERLYING	OR	HOUR A.M.		DAY YEAR	ZIT HOW	INJURY OCCURI	KED (ENIER	NATURE OF INJURY IN THE	M ISPARI I ORPARI	2)	
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	ATE, TATE, TE STE STE STE STE STE STE STE STE STE		22a I certify	that I took charg	ge of the remains desc	ribed obo	ive, held an	Autopsy	Inspect	on X	Inquiry	ond in my opi	nion	
	ANN CTANA		death resulted	from Natu	Al couses X	Accident	Suice	ide 🗌	Homicide		ermined manner			
	KAA LD B WITH WITH			//			. /	0	TITLE (SPECIFY)					
	KALDUCKA WATH, WATH, WATH, WATH, WATH, WATH		ACTUAL SIGNATURE	1	w		-	M.D.	Deputy	MEDI	ICAL EXAMINER	DATE	10/	16/87
	UTE THE SHANDER		EXAMINER'S N.	AME T.	E Donisi	74 T			161	.11.	0. 11	D 0		
	PAGE TO FU TO FU BALTER				E. Renjel						ce St. H	avreDeG:	cace,	EID .
	F M C F A G	230 BU	JRIAL, CREMATIC				NAME OF CEM			CITY O	CATION	CU	Y	Pa.
07 84 25M	BP	21.51	Crema:		10/20/87	R.	A. Fe	rris &			Chester			ra.
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	(VR A15 ME (5))	par	ring ru	heral Ho	ome, PA, ADE	rueer	3, MU. ZI	001-33	ו לכנ		1000			



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

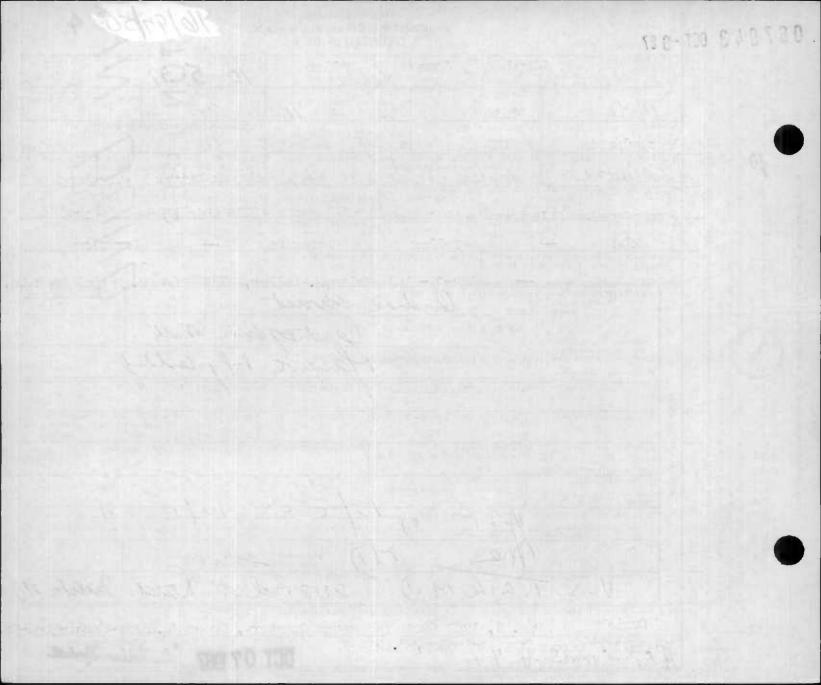
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1-8 84	GISTRAR				CERTIFICATE	OF DEATH		REG NO			
I DECEAS	SED NAME	EVE	loyd	Joseph Joseph	1 Kelling	eller	20 DATE OF	- 5-8	7 DAY Y	EAR 2b	HOUR 150 A
5 SEX	TALE	1	RACE White		5. DATE OF BIRTH	DAY YEAR	6 AGE INYE	76.	IF UNDER		JRS M
COUN	PLACE INTATEORE	OREIGN 7	USA	WHAT COUNTRY?	MARRIED NI	EVER MARRIED DIVORCED	9 BALTIMOR	RE CITY OR COI		тн	
10 CITY C	UDITE L	тн <i>1</i>	1. NAME OF I	HOSPITAL, NURSING	HOME OR OTHE		(TYPE OF WORK	CCUPATION FOR MOST OF WORK	ING LIFE INDU	IND OF BU STRY uckin	ISINESS
13a STAT		136 COUNT	Υ	13c CITY OR TOWN	13d INS	SIDE CITY LIMITS?	13e STREET A	Dhio Str	CODE 4	15102	44
14 FATHE	FIRST John		egheny IDDLE	Bethel Pa Keller	15 MO	THER'S MAIDEN NO.	AME	WIDDLE	Drex	LAST	
	DECEASED EVER		ED FORCES? WAR OR DATES)	166 SOCIAL SECURI		ORMANT	ler. 273	ADDRESS	15102	thel	
Co	PART I DEATH W	AS CAUSED IMMEDIATE which	CAUSE 10)	Ine for Dib, and	CE OF	west and ay	genic M.	Show		WEEN ONSE	AND DEA
ca un PAI	use io statini deilying couse	g the lost	(Ic)	R AS A CONSEQUEN	1-10					RT I a	
CERTIFICATION	DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH O	PERATION WAS	PERFORMED	200 AUTO		IF YES, WERE FERTIFYING CA	USES OF I	
VEDICAL STATE	ACCIDENT WAS UND CONTRIBUTING C FEITHER NOTIFY MEDIC INJURY OCCURR	AUSE OF DEATH	P./ 21e PLACE	m month day	YEAR 19	OCATION	RRED (ENTER NATI	URE OF INJURY IN ITE	AN 8 PART DRPA		PATE
22 a.	I certify that (I) sow the decease obove (I) (we) (d SIGNATURE	(this haspite	II ay ded the	e deceased from	161						
	PHYSICIAN'S NA	5-1	VAI	R Mi		2112 B	MEDICAL DIRECTOR	i Koz	d. 8	hlly	ta-
230 BURIA	Surial	С		1987 Dues	n of Hea		CITYC	per St.			ngto
HANE	AN KO MC										

16 60M 7/84 DHMH

BP

(VRA 15, 4)



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deeth. Page 4 may

attending physician.

etoined by the haspital ar

BP. DHMH 16 25M

TO HOSPITAL

067900

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

OCT -		FOR STATE GISTRAR			DEPARTI		EALTH AND MENTAL HY	SIEN F 6.3	10		
1		EASED NAME	FIRST	,	MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	Dora	Th	neresa	Kin	caid		ct.	3.1987	10 X DN
1	3 SEX		4	RACE		5 DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		Whit	te	May	21 1935	52	YRS	MONTHS DAYS	HOURS MIN
a 17		THPLACE ISTATE OR FO		CITIZEN OF	WHAT COUNTRY?	В		9 BALTIMORE CITY		Y OF DEATH	
0	Ba	altimore, Mo	d.	U.S. A	A.	WIDOWE	D NEVER MARRIED L	Harford	Co.		MD
	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSING FACILITY, GIVE STREET RET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST NUTSINGAS	ION OF WORKING	LIFE) INDUSTRY	FBUSINESS OR SEPH HOS
a Per	USUA 13a S	L RESIDENCE (IF NURSI		THER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 2921 Harfo			CON 1103
examine		THER'S NAME .NCENT	MI	DDLE E	Brocato		15 MOTHER'S MAIDEN NA	France	S	Ross	
medicoi	16a W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDF	ESS 292	1 Harfor	d Rd.
	nc		(11 120, 0112 1	- AR OR DATES;	218-34-	0027	MR. Delbert	Kincaid,	Hydes	,Md. 210	082
s any injury, ar ather traum	CERTIFICATION	Canditions, if any, gave rise to imm cause (a), statini underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	nediate g the last	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COI	20b. IF Y	IVEN IN PART 1(c) ES, WERE FINDIN IFYING CAUSES	GS USED
4	ERTIF	71g. ACCIDENT WAS UND	ERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NO		PART 1 OR PART 2)	NO []
		OR CONTRIBUTING C	AUSE OF DEATH		M. MONTH D.	AY YEAR					
	MEDICAL	21d INJURY OCCURR WHILE NOT WHAT WORK AT WORK	RED	21e. PLACE			21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
e e		220 I certify that (I) saw the decease		view the bady			nd that in (my) Our apinian	death accurred an the o			
frem 21 is		22b SIGNATURE								ZZ DATE	SIGNED
II: If Item 21 is		22b SIGNATURE	e l	5.	>	- A	ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN A	10	
APORTANT: If Item 21 is		226 SIGNATURE 226 PHYSICIAN'S NA	P		DUMN	X		MEDICAL STA	2P		
IMPORTANT: If Item 21 is	23a B	226 SIGNATURE 226 PHYSICIAN'S NA URIAL CREMATION.	AME (TYPE OR F	23b DATE			> PHYSICIAN [MEDICAL STA	2P		1
	(5	226 SIGNATURE 22d PHYSICIAN'S NA	AME (TYPE OR F	> 5.		NAME OF C	PHYSICIAN (22e ADDRESS 13/6 EMETERY OR CREMATORY / ValleyMem.G	DIRECTOR PHYS	2 Bal	COUNTY to. Md.	5/5/8-

00T 07 887 TO EST

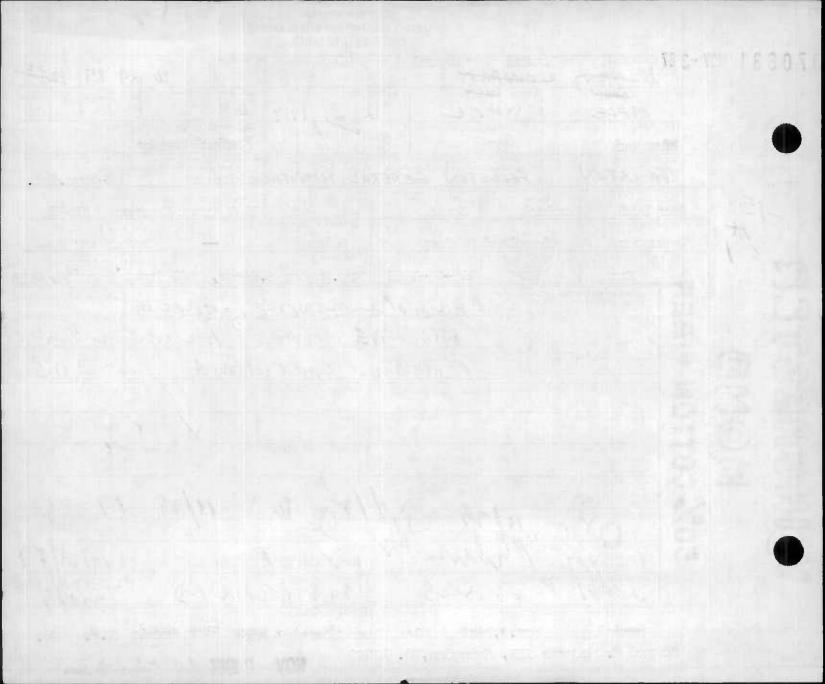
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL NYGIENE

		STATE REGISTRAR		VETAKIN	CERTIF	ICATE OF DEATH	REG. NO			
.3	1 60 0	EASED NAME FIRST HO	ward *	Samuel	·	^ Kinzy	20 DATE OF DEATH A	10 29	Z F T	12 26 M
	3 SEX	LAST	1 RACE NICE	4	5 DATE C		6 AGE (IN YEARS LAST BIRTE	DAY) IF UN	DERIVEAR	IF UNDER 24 HR!
		MALE	WH	TE	MONTH	2 24 1919	68	YRS	IS DAT	HOUR'S MIN.
3		RTHPLACE I STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8		9 BALTIMORE CITY OR		DEATH	
1		ountry) SSOUri	USA		WIDOWE	D NEVER MARRIED DIVORCED	Harford Co	ounty		MD
)	10 CI	ALLS TON		H FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION IT THE OF WORK FOR MOST OF MACHINIST	WORKING LIFE) IN	DUSTRY	BUSINESSOR
-	USUA	AL RESIDENCE (IF NURSING HOME OF	1 / / /			112 110-11111			15-901	vt.Ret.
S		yland Harfo		Joppa	7	YES NO K	13e STREET ADDRESS / 2907 Trout		2	1085
_	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
1	G	rover C	Leveland	Kinzy		Helen			entie	r
		AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRES		. 2108	35
		Yes	WWII	219-05-1	865	Mrs.Lavora B	.Kinzy, 290	7 Trout	Terra	ace, Joppa
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE		CARDO	of	unmpr	y Area	1857	APPROXIA BETWEEN O	AATE INTÉRVAL INSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate couse to stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OF	RASA CONSEQUE RASA CONSEQUE PROST	NCE OF		T FARI	URE ITION GIVEN IN	~ 3	4 DAYS
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WE IN CERTIFYING YES		
	CER	210 ACCIDENT WAS UNDERLYING			VE AB	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM IS PART IT	OR PART 2	
À		OR CONTRIBUTING CAUSE OF DE	AIR	m month da m	19					
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	(ITY OR TOW	UNI .	OUNTY	TATE
	×	AT WORK AT MOT WHILE	(AT HOME STR	EET FACTORY OFFICE F	ARM ETC)	/ SIREE	/ -		~	
		22a L certify that (1) (this hosp	ntol) offended the	a degeosed from_	- 1	19 16		19	1	hat (1 (ve) last
		sow the deceased glive of	10/	19	17.0	no that in (my) (our) opinion	death occurred on the do	te and hour and	from the o	ourstated
		obove. (1) (we) (did) (did ni 22b SIONADORE	of Tview the body	after deoth	+ /	DEGREE	^		224 DATE	SIGNED/
		X17.	190	Whi) Y	ATTENDING	MEDICAL STAF		101	29/87
1		220 PHYSICIAN SINAME (TYPE	9R PRINT			22e ADDRESS	DIRECTOR OF THIS IC	60	25	nal mi
		SOAN P	Egn	(Arch)		2112 RE	LAR MY	, , , ,	27	44
4		SURIAL, CREMATION, REMOVAL	L 236 DATE	23€ №	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	(0	UNIY	late -
		Burial	Nov. 2, 1	987 G1	en Ha	ven Memorial	Park Glen J	Burnie	A.A.	Md
	HO	Ward K. McComas	s III, Al			250 DAT	E REC'D BY REGISTRAR	Sh REGISTRAR	SSIGNATI	URE



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending this should be detached for use as the burial-transit permit. Then please remaye corbanishment with the State Dept of Mealth and Mental Hygiene prior to burial, cremation, or timping.

etained by the haspital or attending physician

BP.

DHMH=16 50M 1/81 (VRA 15, 4)

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director, page 3

4 moy be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29737

Julia Division Conduces

41	REGISTRAR				CERTIF	ICATE OF DEATH		REG NO			
	ECEASED NAME	FIRST	A	AIDDLE	Į.	AST	20 DATE O	F DEATH M	ONTH	DAY YEAR	26 HOUR
{ [A]	PE OR PRINT)	Jilliam		4	LA	Noors		act.	31	1987	5:35
3 51			RACE		5. DATE C	OF BIRTH	6 AGE (IN	YEARS LAST BIRTHE	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
13	Male		Whit	e	MONTH	DAY 13 YEAR 16	7	1	YRS	MONTH DATS	HOURS MIN
70 E	BIRTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF \	WHAT COUNTRY	(? B	NEVER MARRIED	9 RAITIMO	ORE CITY OR	COUNT	Y OF DEATH	
N	Vest Virg	inia	U.S.A		WIDOWE			HRFOR	7		N
	CITY OR TOWN OF DEA		NAME OF H		ING HOME C	R OTHER INSTITUTION		OCCUPATION			F BUSINESS O
H	AVRE SE GK,	Ace	HAR	FORD 11	CMCTIO	1 lotospital		red Ari		INDOSTRI	
	JAL RESIDENCE (IF NURS	136 COUNTY	ER INSTITUTION,	GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS			
Ma	rvland	Harfo	rd	Aberdee		YES 🕍 NO 🗌		arm Roa	ad	21001	
14 F	ATHER'S NAME	MIDI	DIE	LAST		15 MOTHER'S MAIDEN N	AME	WIDDLE		LAS	,
	Artie	Н.		Landers	S	Iva		May		Land	
	WAS DECEASED EVER	IN U.S ARME		166 SOCIAL SEC		17 INFORMANT		ADDRES	5		
	Yes	WW I		191-09-	-1087	Rosalind La	anders,	wife,	sam	e as abo	ove
	18 CAUSE OF DEAT	H Enter anly a	ine cause per	line for (a), (b) c	and (c)						MATE INTERVAL ONSET AND DEATH
	PART I DEATH W	AS CAUSED B		cute II	sterst	Hal Preun	uenih	5 01-		111111111111111111111111111111111111111	
		IN INCOME C						· U		11	dans-
	Conditions, if any	which (DUE TO, OF	R AS A CONSEQ		Menown CT	olven			11,	ray)
	gave rise to imm	mediate) D. I.E. D.				01				U
	underlying couse		DUE TO, OF	R AS A CONSEQ	UENCE OF		U				
	PART 2 OTHER SIGN	VIEICANT CON	ADITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDI	ILION GI	VEN IN PART 1:0	0
Z											
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUT			S, WERE FINDIN	
F							YES	NOTY		FYING CAUSES	OF DEATH?
ERI	210. ACCIDENT WAS UN	DERLYING	216 TIME O			21c HOW INJURY OCCU		Light of			
	OR CONTRIBUTING			M. MONTH	DAY YEAR						
MEDICAL	214 INJURY OCCUR		P./ 21e PLACE (19	21f LOCATION					
ME	WHILE NOT WE AT WORK	THE	SAT HOME STR	EET FACTORY OFFICE	E FARM ETC :	STREET		CITY OR TOWN	N	COUNTY	STATE
	22a I certify that (I)		attended the	deceased from	10	22 10 8	7 10 1	10-31		10 87	that (I) (we) Is
	sow the deceas	ed alive on	10-31	19	(-)	id that in (my) (aur) opinio	n death occurr	ed an the date	e and hor	ur and fram the	causes stated
	above, (I) (we) (c	did) (did nat) vi	ew the body	after death.		DEGREE				22c DATE	SIGNED
		KN	N	>	1	1 ATTENDING	MEDICAL	STAFF	ANI O	10-3	1-8.7
	22d PHYSICIAN'S N	AME (TYPE OR PR	INT)			22e ADDRESS				1	, ,
	13 PARE	KH MI	7.			1908 HARF	CRI) RI) FALL	5701	V MD 2	4047
23a	BURIAL, CREMATION.	REMOVAL I	36 DATE	230	NAME OF C	EMETERY OR CREMATORY		CATION		404	
	Burial		11/4/8	7 B	el Air	Mem. Garden:		L Air	Н	arford	Md.
24 F	FUNERAL DIRECTOR								Sh REGIS	TRAR'S SIGNAT	LIPE

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

TO STATE OF William H herridens

TO HOSPITAL OR ATTENDING PHYSICIAN The law retained by the hospital or attending physician

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG N	10		
	DECEASED NAME	FIRST		MIDDLE	l.	AST			OAY YEAR	26 HOUR
	(TYPE OR PRINT)	tholo	06	MARIE	10	oman		10 1	12 87	4 1
3	3 SEX	1.13.4	RACE	1 10122	5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24
	FEMALE		WHITE		MONTH	10, 1916	71	YRS	MONTHS DAYS	HOURS
5 7	O BIRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
900	COUNTRY)				MARRIE	D NEVER MARRIED U	Harford	1		
\$ 1	MARYLAND OCITY OR TOWN OF D	EATH 1	US 1. NAME OF		•	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	F BUSINES
56	Havre de O	wall	Hart		mor	ial tospilar	(TYPE OF WORK FOR MOST HOMEMAKE)		E) INDUSTRY	
å i	USUAL RESIDENCE IN N	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
E	MD	HARFO	IRD	HAVRE de C		YES 🛛 NO 🗌	320 WILSON	STREET		21078
1	4 FATHER'S NAME		DOLE	LAST		15 MOTHER'S MAIDEN NA	ME		1A	ī
Q ()	FIRST		IKNOWN	LASI		FIRST	UNKNOWN		10	,
0 1	60 WAS DECEASED EV	ER IN U.S. ARN	ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
ae d	(YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	219 10 08	225	JOSEPH J. LEEM	NN 2011 BARTI) /\E	BAL TO	MD 212
e le				lyne for (all, (b), on		JUSEPP J. LELM	AN, ZOIT DANT	JL AVL,		MATERITIES ORDET AND O
njury. or d		GNIFICANT CO	ONDITIONS C	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	UDITION GIV	EN IN PART I	a
ws ony :	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI	
P -	216 ACCIDENT WAS I	UNDERLYING	21h TIME C					16	2	NO [
00	0		LIGHT AND MONITH DAY			216 HOW INJURY OCCUR				
- 4	OR CONTRIBUTION C	CAUSE OF DEAT	HOUR A	M. MONTH DA		21c HOW INJURY OCCUR				
- 4	OR CONTRIBUTIONS	CAUSE OF DEAT	HOUR A P 21e PLACE	M. MONTH DA M. OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJ	URY IN HEM 18 F	PART OR PART 2)	NO 🗌
- 4	OR CONTRIBUTING [IF EITHER NOTIFY M 21d INJURY OCCU	CAUSE OF DEAT EDICAL EXAMINER) URRED	HOUR A P 21e PLACE	M. MONTH DA	19			URY IN HEM 18 F		NO [
- 4	OR CONTRIBUTING [(IF EITHER NOTIFY M 21d INJURY OCCU WHILE NOT AT WORK	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WORK	HOUR A P 21e PLACE LAT HOME ST	M. MONTH DA M. OF INJURY REET FACTORY OFFICE F	19	211 LOCATION	RED (ENTER NATURE OF INJ	URY IN HEM 18 F	COUNTY	NO ST
- 4	OR CONTRIBUTING (IF EITHER NOTIFY M 71d INJURY OCCU WHILE AT WORK NOTIFY M 27a certify that sow the dece	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WORK (1) (this hospite eased alive an	HOUR A P 21e PLACE 1AT HOME ST	M. MONTH DAM. OF INJURY REET FACTORY, OFFICE F THE deceosed from	19	211 LOCATION STREET	RED (ENTER NATURE OF INJ	OWN	COUNTY	NO
- 4	OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCCU while IN OCCU AT WORK IN OCCU 27a certify that sow the dece	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WORK (1) (this hospite	HOUR A P 21e PLACE 1AT HOME ST	M. MONTH DAM. OF INJURY REET FACTORY, OFFICE F THE deceosed from	19	211 LOCATION STREET	RED (ENTER NATURE OF INJ	OWN	COUNTY	NO that (I) (we couses state
I frem 21 is morked or Item 1	OR CONTRIBUTING (IF EITHER, NOTIFY M 21d INJURY OCCU WHILE AT WORK 22a I certify that sow the dece obave, (I) (we	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WORK (1) (this hospite eased alive an	HOUR A P 21e PLACE 1AT HOME ST	M. MONTH DAM. OF INJURY REET FACTORY, OFFICE F THE deceosed from	19	211 LOCATION SIREET 19 no that in (my) (our) opinion DEGREE ATTENDING 1	CITY OR TO	OWN	COUNTY	NO that (I) (we couses state
NT. If Item 21 is morked or Item	OR CONTRIBUTING (IF EITHER, NOTIFY M 21d INJURY OCCU WHILE AT WORK 22a I certify that sow the dece obave, (I) (we	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WORK (I) (this hospital trased alive an e) (did did not	H HOUR A P 21e PLACE AT HOME ST	M. MONTH DAM. OF INJURY REET FACTORY, OFFICE F THE deceosed from	19	211 LOCATION SIREET 19 no that in (my) (our) opinion DEGREE ATTENDING 1	CITY OR T	OWN	COUNTY	NO
PORTANT, If Item 21 is morked or Item	OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCCU WMILE NOT 120 I certify that sow the dece obove, (I) (we	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WORK (I) (this hospital trased alive an e) (did did not	H HOUR A P 21e PLACE AT HOME ST	M. MONTH DAM. OF INJURY REET FACTORY, OFFICE F THE deceosed from	19	211 LOCATION SIREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TO	OWN	COUNTY	NO that (l) (we couses state
MPORTANT, if Hem 21 is morked or Hem	OR CONTRIBUTING (IF EITHER NOTIFY M 21d IN JURY OCCU WHILE AT WORK 22a I certify that sow the dece obave, (I) (we	CAUSE OF DEAT EDICAL EXAMINER) URRED WHITE (1) (this hospita cased alive an cased alive an cased alive an	H HOUR A P 21e PLACE AT HOME ST	M. MONTH DAM. OF INJURY REEL FACTORY OFFICE F the deceosed from	19 FARM EIC)	211 LOCATION SIREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TO AEDICAL DIRECTOR PHYS	OWN	COUNTY 19 37 17 and from the 22c. DATI	that (I) (will couses state
MPORTANT, if Hem 21 is morked or Hem	OR CONTRIBUTING (IF EITHER NOTIFY M 21d IN JURY OCCU while at work 27a I certify that sow the dece obave (I) (we	CAUSE OF DEAT EDICAL EXAMINER) URRED WHILE WHILE COOR (I) (this hospital rased alive an Add (did not) N, REMOVAL	H HOUR A P 21e PLACE LATHOME ST VIEW the DOD	M. MONTH DAM. OF INJURY REEL FACTORY OFFICE F ine deceosed from after death.	19 FARM ETC) A NAME OF C	211 LOCATION STREET 211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS LEMETERY OR CREMATORY ERRIS + COMPANY	CITY OR TO DECEMBER NATURE OF INJURE	OWN AFF ICIAN ESTER.	COUNTY 19 7 17 and from the	STA that (I) (w. couses stat

0 6	7	7	4	6	OCT
RDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	equire that the death certificate be executed within 24 hours ofter death. Page 4 may be		and the function of completely filled in by the functor director, page 3	ingury, or other froumatic cent, for medical examiner missible notified at obco.

15

STATE OF MARYLAND

15	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE/ REG	2 9	7 3	7
0 111	4 DE	CEASED NAME	FIRST		MDDLE	L	AST	20	DATE OF DEATH		DAY YEAR	26 HOUR
deoth deoth	(TYPE	OR PRINT)	ANCE	s Is	3/13da	\	-онд		October	171385	7	9:30 AIM
0 0	3. SE	X	4	RACE		5 DATE C	OF BIRTH		AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
s offi		FEMALE		whi	te	JAN	494 500	5	82	YRS	MORINS DATS	
72 hour	C	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRI	ED 0	Har Con			MD
by the fundation of the	10 C	ITY OR TOWN OF DEA		I. NAME OF H		ADDRESS)	OR OTHER INSTITUTION	ON 12	School TE	ATION STOFWORKING LIF	126 KIND O	F BUSINESS OR
filled in bould be fi	13a	AL RESIDENCE (IF NURSI STATE	136 COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFOR	e admission) /N	13d INSIDE CITY LIA		STREET ADDRES	ss riArclif	if Lave	1014
and 2 showing	14 F/	ATHER'S NAME FRST	MIC	DOLE	TELLE!	\	15 MOTHER'S MAIL		WIDDL	E	Gorre	1
Poges 1		WAS DECEASED EVER	IN U.S. ARMI		219-18-	JRITY NO.	Mr. Arthur		7.40		MARYNAM	
200		18 CAUSE OF DEATI PART I. DEATH W	H Enter only AS CAUSED IMMEDIATE	BY.	line for (a), (b), on CAYLD	OPU	LMONAL	4	ARNES	5		MATE INTERVAL ONSET AND DEATH
offention over 1750 1750 of 18		Conditions, if any,	which		AS A SONSEOU	ENCE OF	Minu	H	STERO	sic	184	HIS
by the rate rem of, cremp r other t		gave rise to imm couse (a), statin underlying couse	g the	DUE TO, OF	R AS A CONSEQU	ENCE OF	ri hea	UST	dise	DE	JYE	ALD:
been ugher mit. Des pl prior to burit any mjury, o	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE		20a AUTOPSY?	20b IF YE	S, WERE FINDIN	NGS USED
2016	Ĕ								YES NO		ES 🗍	NO [
infiltrant		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216 TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF	NJURY IN ITEM 18, 1	PART I OR PART 2)	
to the bur tand Me had or h	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC }	21f LOCATION STREET	01	CITY OR	TOWN	COUNTY	STATE
TOR At for one of of Health 21 u ma		22a I certify that (I) say the decease above, (I) (we) (a	d alive on	9	128 19	par 1	nd that in (my) (our)	opinion dec	th occurred on th	e date and hou	-	that (I) (we) last causes stated
tAL DREC detached sate Dept.		276 SIGNATURE	N	_	one deam	Ill		DING ICIAN	MEDICAL S	STAFF (SICIAN []	Oct.	SIGNED 2,1987
O FUME South the Special And		22di PHYSICIAN'S NA		RINT) Wohl			2003 Ros			Frest H	II Md. 2	11050
州東北 島	-	BURIAL, CREMATION, ISPECIFY)		Oct. 3,1	987 H	Ampst	EAD CEMETE	Ery	1230 LOCATION CITY OR TOWN	rd Carroll	Co. Maryl	STATE 21074
H 16 25M	24_F	UNERAL DIRECTOR-	m Feste	- 50 W	ADDRESS	J= W?1		250 DATER	DEC'D. BY REGISTR	AR 256 REGIS	TRAR'S SIGNAT	URE
VR A 15 (4)) 9/74	5	marville		BE	Air Man	showl?	11014	001	0 1301	4	19001-1	

DHMH 16 25M

BP.

OR ATTENDING PHYSICIAN, The low is hospital or otherding physician

(VR A 15 (4)) 9/74

funeral director page 3 thin 72 haurs after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 (Temotion, or removal TO FUNERAL DIRECTOR After in certificate should be detached for use as it is man it to make the State Dept. of Health and its man it is a second to the State Dept. TO HOSPITAL OR ATTENDING PHYSICANI THE etained by the hospital or at the period of the hospital or at the ho

BP.

DHMH 16 60M 7 8 (VRA 15, 4)

MAPORTANT If Item 21 is marked on the LiBana of the medical

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

1 A7	REGISTRAR		CERTIN	ICAIL OI DEATH	REG N	0		
	CEASED NAME FIRST	GREGOR A A	LEXANDER	MacLEOD, SF	2a DATE OF DEATH	MONTH DAY	YEAR 26	HOUR 30
	Eirea		M	ACLEOI)		20 1	98/	11 PM
3 SE	× Male.	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF INDE	RIVEAR IF	UNDER , I HR
	28888888	White	Aug.	4.0 4.4.	77	YRS		
	IRTHPLACE STOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D. NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH	
	ennsylvania	USA	WIDOWE			Harton		WE
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPAT			USINESS OR
Ho	avre de Grace	Harlord H	MOVIA	nspital	Military		SA-Ret	
USU 13a	AL RESIDENCE IN NURSING HOME STATE 136 CO		OR TOWN	130 INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Hd.		aewood	YES NO 🔀		NDEAH	2104	40
14 F	ATHER'S NAME	MIDDLE	IAST	15 MOTHER'S MAIDEN NA			LAST	
	Alexander		cLeod	Elizabet	h —		Kedar	
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO	17 INFORMANT	AD D R	igewood, M		
		I-Korea 183-	01-7687	Elizabeth C.	MacLeod, 6	11 Homb	eam Ro	oad.
	18 CAUSE OF DEATH Enter		(No political de Je	. /			APPROXIMATE BETWEEN ONSE	
	PART L DEATH WAS CAU	SED BY	DD K	in roto.	anmos	/	EIWEEN ONSE	I AND DEATH
	IMMEDI	ATE CAUSE (a)	1 10	The world	Cerry			
		DUE TO, OR SE A C	SWEEDNER PL					
	Conditions, if any, which gave rise to immediate	(6)	011					
	couse (a), stating the	DUE TO, OR AS A CE	INSEQUENCE OF			100		
	underlying cause last	(4)						
7	PART 2 OTHER SIGNIFICAN	t conditions <u>contribut</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART 1-a	
CERTIFICATION								
CA	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE		
F					YES NO	YES		10 🗍
CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	LITH DAY VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TE PART)R	PART?	
A	OR CONTRIBUTING CAUSE OF E	DEATH	NIH DAT TEAR					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Υ	711 LOCATION				
¥	WHILE NOT WHILE	I AT HOME STREET FACTOR	Y OFFICE FARM ETC)	STREET	CITY OF 1C	WN CO	YIMIY	STATE
	270 I certify that (I) (this has	- itali attandaditha dasasa	ed from Det.	15 1087	Acl .	108	1	100
	saw the deceased alive	No. I In	17-1	nd that in (my) (our) opinion i	10		1	t (II (we) lost
	above, (1) (we) (did) (did	not view the body after dear	th /		Comme di me di			
	226 SIGNATURE	1201	All	DEGREE ATTENDING 1	MEDICAL _ STA		C DATE SIG	750
		1 The	/ //	PHYSICIAN [DIRECTOR PHYSIC		1/2	21/0
	22d PHYSICIAN DAME	vicepamii.		27e ADDRESS	Ment	1011.1	1 1	10/
	6)-	1 Lee		Musu	/wex (Line		1
23a	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	1238 LOCATION			
	Burial	Oct.23,198	7 Arlingto	on National Ce	Arlingtor	721:-	TV	STATE
24 F	UNERAL DIRECTOR	1300.23,130	- * arringle	750 DAI	E REC D BY REGISTRAR		SIGNAL LOS	Va.
U	want K McCom	og TTT Abina	ADDRES	long OCT	23 198/ 1	we with the	1	

18 9 8 11 2 13 23 67

FOR STATE REGISTRAR

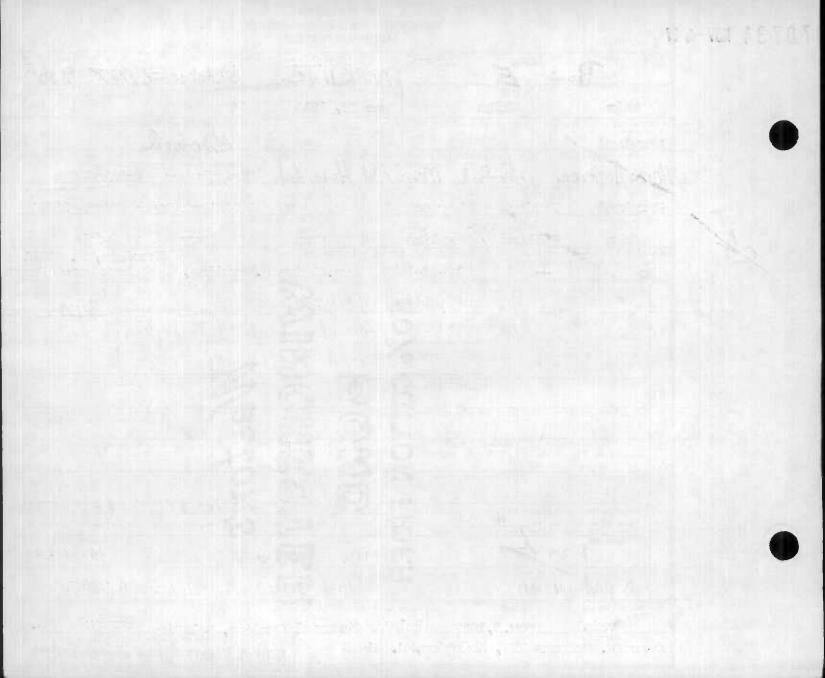
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLBYGIENE CERTIFICATE OF DEATH

	CEASED NAME	FIRST ROS	S	MIDDLE Edward	Markline	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1/-	2.0	t.	1110	KK IINE_	October 31,	188/ 7.40 M
3. SE			RACE	5. DÂTE (22, DAY 1913 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATA HOURS MIN
In 01	Male		White		22, 1913	74 YRS	V OS DEATH
(COUNTRY)	OREIGN /b	CILIZEN OF		NEVER MARRIED	BALTIMORE CITY OR COUNT	TOFDEATH
	aryland ITY OR TOWN OF DEA	TH 11	NAME OF I	USA WIDOW HOSPITAL, NURSING HOME		HAR-tord	MD.
140	ure de Grac	le /	AP TO	HEACILITY, GIVE STREET ADDRESS)	Hospital	TYPE OF WORK FOR MOST OF WORKING L	
130 5	AL RESIDENCE (IF NURS STATE	136 COUNTY		GIVE RESIDENCE BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	aryland	Harfo	ord	Aberdeen	YES NOX	2022 Park Beach	Drive 21001
14 FA	ATHER'S NAME FIRST	MIDI	ou Slad	P LAST	15. MOTHER'S MAIDEN NAM	WE	LAST
	John	Willi		Markline	Emma	Mary	Smith
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESAber	deen, Md. 21001
_	No			218-32-1874	Mrs.Elmira S	.Markline, 2022	Park Beach Drive
	18 CAUSE OF DEAT	H (Enter only o	one couse per	line for (a), (b), and (c).	0 11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE C		Kespira hry	failure		2421
			DUE TO, O	R AS A CONSEQUENCE OF	00 -0 0	chihs Emphysen	7/13
	Conditions, if ony,	19					
	gave rise to imm couse (o), statin		DUE TO, OI	R AS A CONSEQUENCE OF		, , , , , , , , , , , , , , , , , , , ,	
	underlying couse	lost	(c)				
7	PART 2 OTHER SIGN	VIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART I I a
O			Y				
<							
TIFIC	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
CERTIFIC	210 ACCIDENT WAS UND	DERLYING	216 TIME O	F INJURY	E LIFE	IN CERTI	IFYING CAUSES OF DEATH?
AL CERTIFIC	21a ACCIDENT WAS UND	DERLYING	216 TIME O HOUR A.	FINJURY M. MONTH DAY YEAR	E LIFE	YES NOW Y	IFYING CAUSES OF DEATH?
EDICAL CERTIFIC	210 ACCIDENT WAS UND	EAUSE OF DEATH	216 TIME O HOUR A P.	FINJURY M. MONTH DAY YEAR M. 19 OFINJURY	214 LOCATION	YES NO Y YES NO Y YED (ENTER NATURE OF INJURY IN ITEM 18	IFYING CAUSES OF DEATH? ES NO PART 1 OR PART ?]
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UND OR CONTRIBUTING C C (18 EITHER NOTIFY MEDIC 21d INJURY OCCURR	CAUSE OF DEATH CALEXAMINER)	216 TIME O HOUR A P.	FINJURY M. MONTH DAY YEAR M. 19	21c HOW INJURY OCCURE	YES NOW Y	IFYING CAUSES OF DEATH?
MEDICAL CERTIFIC	21a ACCIDENT WAS UND OR CONTRIBUTING CHE LETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHE	CAUSE OF DEATH CALEXAMINER) RED	216 TIME O HOUR A P., 21e PLACE ((AT HOME STR	FINJURY M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY OFFICE FARM, ETC.)	214 LOCATION	YES NO Y YES NO Y YED (ENTER NATURE OF INJURY IN ITEM 18	IFYING CAUSES OF DEATH? ES NO PART 1 OR PART ?]
MEDICAL CERTIFIC.	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21d INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK NOT WHAT CONTRIBUTION CONTRI	DERLYING CAUSE OF DEATH CALEXAMINER) DED OTHER (this hospital)	216 TIME O HOUR A. P. 21e PLACE (AT HOME STR	FINJURY M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 19	216 HOW INJURY OCCURE 216 LOCATION STREET ., 19	YES NO IN CERTI	PART TOR PART?) COUNTY STATE
MEDICAL CERTIFIC	210 ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK 270.1 certify that (1)	DERLYING CAUSE OF DEATH CALEXAMINER) DED OTHER (this hospital)	216 TIME O HOUR A. P. 21e PLACE (AT HOME STR	FINJURY M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 3 1 19 62 ofter death	216 HOW INJURY OCCURE 216 LOCATION STREET ., 19	YES NO NINCERTILLY YES NINCERTILLY YES NO NINCERTILLY YES	PART TOR PART?) COUNTY STATE
MEDICAL CERTIFIC	21a ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK AT WOT 22a Certify that (1) sow the decease obove, (1) (we) (d	DERLYING CAUSE OF DEATH CALEXAMINER) DED OTHER (this hospital)	216 TIME O HOUR A. P. 21e PLACE (AT HOME STR	FINJURY M. MONTH DAY YEAR M 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 3 1 19 2 0	216 HOW INJURY OCCURE 216 LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE	YES NO YE	PART TOR PART ?) COUNTY STATE 19 7, that (It (we) last ur and from the couses stated
MEDICAL CERTIFIC	21a ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK AT WOT 22a Certify that (1) sow the decease obove, (1) (we) (d	DERLYING	216 TIME O HOUR A. P. 21e PLACE ((AT HOME STR ottended th	FINJURY M. MONTH DAY YEAR M 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 3 1 19 2 0	216 HOW INJURY OCCURE 216 LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE	YES NO IN CERTI Y RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN to 2 deoth occurred on the date and ho	PART TOR PART ?) COUNTY STATE 19 7 that (It (we) last ur and from the couses stated)
MEDICAL CERTIFIC	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21d INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK SOW the decease obove, (I) (we) (a 27b SIGNATURE	DERLYING	216 TIME O HOUR A. P. 21e PLACE ((AT HOME STR ottended th	FINJURY M. MONTH DAY YEAR M 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 3 1 19 62 o after death.	216 HOW INJURY OCCURE 211 LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN X 22e ADDRESS 1996 MARFORD	YES NO YE	PART FOR PART 7) COUNTY STATE 19 17 that (I) (we) last ur and from the couses stated 22c DATE SIGNED 10 31 8 7
23a 8	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21d INJURY OCCURR WHIE NOT WHAT WORK AT WOOK 27a (certify that (1) sow the decease obove, (1) (we) (a 27b SIGNATURE	CAUSE OF DEATH ALEXAMINER) RED CITIES (this hospital) CITIES (TYPE OR PR	216 TIME O HOUR A. P. 21e PLACE ((AT HOME STR ottended th	FINJURY M. MONTH DAY YEAR M 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 3 1 19 62 o after death.	216 HOW INJURY OCCURE 216 LOCATION STREET 19 ond that in (my) (our) opinion of the properties of the	VES NO IN CERTI Y RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN TO OF TOWN TO OF TOWN AND ITEM TO THE DIRECTOR PHYSICIAN OF TOWN 13d LOCATION OUT OR TOWN	PART TOR PART ?) COUNTY STATE 19 6 7 that (It (we) last ur and from the couses stated) 22c DATE SIGNED 10 31-8 7
23a 8	210 ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOT WHAT WORK 270 I certify that (I) SOW the deceose obove, (I) (we) (G 27b SIGNATURE 27d PHYSICIAN'S NA B PARE BURIAL, CREMATION, (SPECIFY) BURIAL	CAUSE OF DEATH CALEXAMINER) RED ULE ORDER CHAIN CONTROL CHAIN	216 TIME O HOUR A. P. 21e PLACE (AT HOME STR Ottended th	FINJURY M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY OFFICE FARM. ETC.) e deceosed from 3 19 22 ofter death.	216 HOW INJURY OCCURE 216 LOCATION STREET 19 and that in (my) (our) opinion of physician (or physi	VES NO NO IN CERTI YES NO IN CERT YES NO IN CERTI YES NO IN CERTI YES NO IN CERTI YES NO IN CERT YES NO IN CERTI YES NO IN CERTI YES NO IN CERTI YES NO IN CERT YES NO IN CERTI YES NO IN CERT	PART TOR PART 2) COUNTY STATE COUNTY STATE 19 67 that (I) (we last ur and from the couses stated) 22c DATE SIGNED 70 31 87 Harford Md.
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BP DHMH=16 50M 1/B1 (VRA 15, 4)

IMPORTANT: II III- 2



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PA	DIMEN	I OF	HE	ALT	H AND	MENT

F DEATH	REG. NO		
4	20 DATE OF DEATH MONTH	8 87	11:300
YEAR	& AGE (IN YEARS LAST BIRTHDAY)	WONTHS DATE	HOUP MIN
31	56 YRS 9 BALTIMORE CITY OF COUNT	Y OF DEATH	

9353 oct.	24	EOR FTATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO							
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	25 HOUR
oge 3	1,,,,,	Arless		W.	1)	1c Nutt		10 18	0/	11:3UPM
mo)	3 SEX	X	4 RACE		5 DATE (& AGE (IN YEARS LAST BIR	THDAY)	ONTHS DATS	HOUR MIN
ge 4		Male	Whi	te	10	5 31	56	YRS		
Pog directions		RTHPLACE (STATE OF FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
1 2 C 6		lississippi	U.S.A		WIDOW		Harford C	Co.		MD
by the fulled with	١.	erdeen	(IF NOT IN S	FHOSPITAL, NURSING LICH FACILITY, GIVE STREET ALKET St.		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Retired Ar	F WORKING LIFE)		F BUSINESS OR
fulled in guld be f	130 5	AL RESIDENCE (IF NURSING HOME COU STATE 136 COU ryland Hart	NTY	Isc CITY OR TOW Aberdeer	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 605 Walker	St.	210	01
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l col		VAS DECEASED EVER IN U.S. A	RMED FORCES	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
only seron and papers. Page roval ent, the medic			ve war or dates)	426-52-8	3207	Anna E. McNu	itt Same a	as abov	re	
i by the attending i ease remove carbon bl, cremation, arred rother traumatic eve		Conditions, if any, which gave rise to immediate cause io, stating the underlying cause last) b).	OR AS A CONSEOU		Calcunume	r Pancue			
Then ple to burie	NO	PART ? OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
hos bee	CERTIFICATION	19a DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20e AUTOPSY?		WERE FINDIN	
s certificate burnal-transi Mental Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN 11EM 18 PAR	RT OR PART 2)	
s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET FACTORY OFFICE	FARM ETC }	211 LOCATION STREET	CITY OF TO	JWN	COUNTY	STATE
CTOR Afortose a of Health		22a L certify that (1) (this hasp sow the deceased alive a above, (1) (wanded) (did n	- OC	12 KL / 1 , 19	87	nd that in (my) (my) opinion	death accurred on the d	ate and hour	and from the	
Ched Ched Ched Ched		226 SIGNATURE				DEGREE	NEDICAL CTA		224 DATE	SIGNED
Al (deto ote [illu	Van-			PHYSICIAN S	MEDICAL STA	ZIAN 🗌	00 -	17-190
d be Stera		224 PHYSICIAN'S NAME LTYPE	OR PRUM			22e ADDRESS	IKLIN SO . 1	00		
FU Phish of the shall		MYO TH	TAN			910 1 1-RAM	anito. m	5 31	737	

23d LOCATION
Aberdeen 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 10/21/87

24 FUNERAL DIRECTOR

Burial

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

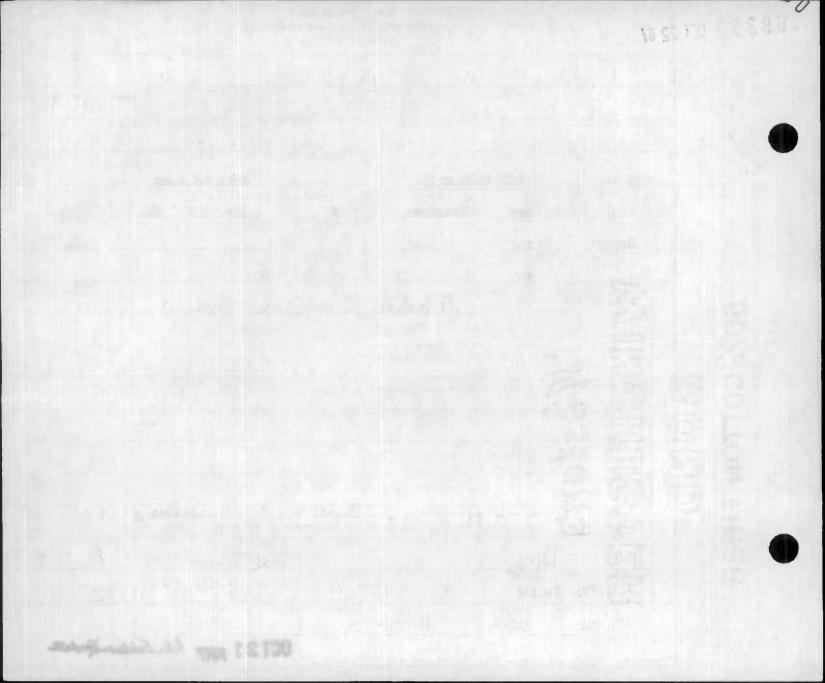
Harford Mem. Gardens

Harford Md.

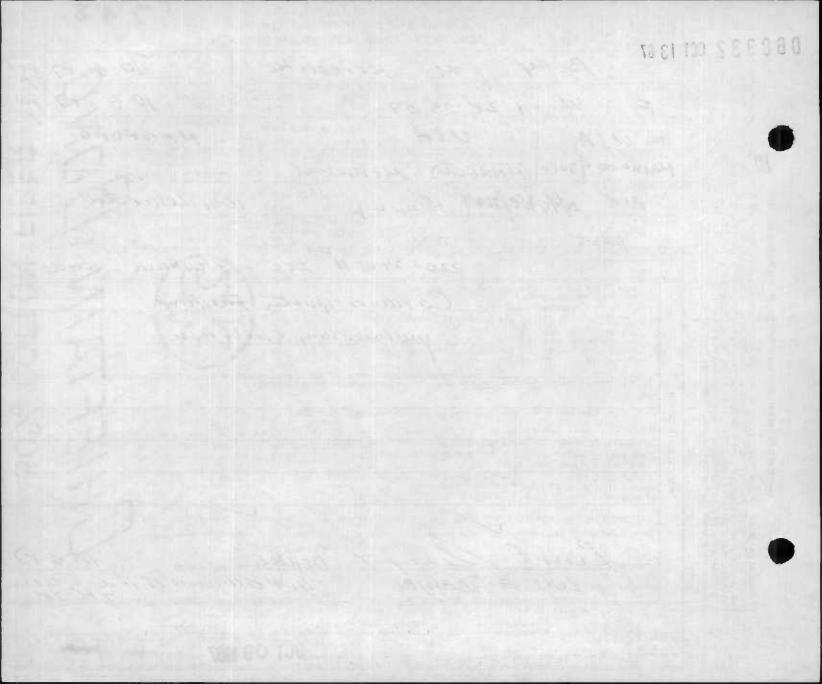
DHMH=16 50M 1/8I (VRA 15, 4)

BP.

IMPORTANT: IF HE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECUSTRAR BELLEN DATE KNOWN TYPE OR PRINT OF 20% 195 HOURS DEATH MATED HOUR & AGE IN YEAR IF UNDER TYR YEAR 207 0 PRONOUNCED 5 DEAD BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE CHATEOR MARRIED X NEVER MARRIED (PA) AND 3 TO THE PUR RETAIN PAGE 5 F HOULD BE-RILED, W RECORDS, 201 W I CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY HOMEMAKER JSUAL RESIDENCE (IF IN NURSI 130 STREET ADDRESS 130 STATE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST CHARLES ENGLE RUTTER **ELLEN** IVE PAGE 166 SOCIAL SECURITY NO 64 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES) 34. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ardlorre IMMEDIATE CAUSE (a)-R: THIS CERTIFICATE SHOULD CONDING TO THE WALLS ALLOW THE, WATER ALLOW THE CHEEF MEDICAL EXAMINER ALLOW R: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT REFORM PROFINE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE OF STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE OF STATE OF BURIAL, CREMATION, OR REMOVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which em hellsu neoray gove rise to immediate cause (a stoting the under DUE TO, OR AS A CONSEQUENCE O lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET FACTORY FARM ETC) STREET CITY OF TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFIER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held on Inspection CERTIFIC ULD BE death resulted from-Natural causes Accidenty Undetermined manner SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 07 84 CREMATION 70CTOBER87 A. FERRIS + COMPANY BP WEST CHESTER 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURI DHMH 17 - WANTED STORY TO MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VR A15 ME (5))



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7700 000		REGISTRAR			CERTIFI	CATE OF DEATH	REG N	0		
198 001	LD.	CE ED NAME FIRS	T	MIDULE	L A	(2)	20 DATE OF DEATH	MONTH DA	AT YEAR	26 HOUR
y be		THE	ODORE	OURE ANDREW		TINA, SR		10-1-	-87	1830°
and bod	3 SE	X	4 RACE		5 DATE O	F BIRTH	6 AGE IN YEARS LAST BE	STHDAYI	F INDER IFAR	IF N (R JHR)
ge 4	M	ale	White		00210 20 / 2320		62	YRS		
5 P		IRTHPLACE ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY	R COUNTY C	OF DEATH	
10 ECX 35	M	aryland	USA			DOWED DIVORCED HARFORD		ORD	MD	
2 2	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE	126 KIND C	OF BUSINESS OR
2 2	F	4LLSTON	FALLSTO	N GENE	7	HOSPITAL	Sr.Tech.Wr	iter	Elect	ronics
filled in most be	130	Maryland H	ME OR OTHER INSTITUTION COUNTY	13c CITY OR TOW Joppa		13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 2522 Chilb	zip cod2: erry Av	1085 venue,	Joppa M
the the	14 F.	ATHER S NAME	WIDDLE	, AS		IS MOTHER'S MAIDEN NA	AN II		A	60
Par led	Wa	lter 1	Ramond	Mina, Sr		Josephin		zabeth.		zlowski
xecut ges dical		WAS DECEASED EVER IN U.	ET SIVE WAR OR DATEST	166 SOCIAL SECU		17 INFORMANT	ADDR		Md. 21	
B B B B B B B B B B B B B B B B B B B		Yes	WWII	218-18-8	222	Elizabeth L.	Mina, 2522	Chilbei	rry Av	e,Joppa
ysicio apera val	Г	18 CAUSE OF DEATH Ent	er only one cause per			0			BETWEEN	IMATE INTERVAL I ONSET AND DEATH
g ph on p			DIATE CAUSE (a)	Car	druc	anest			min	entes
nd n carb			DUE TO, O	R AS A CONSEQUE	NCE OF	(Infaction			41100	Hier
deo		Conditions, if any, which		Myoc	ardia	(Infactio	n		Mill	1700
by the ose rem		cause a stating the	DUE TO O	RAS A CONSEQUE	oscle	notic Varcular	disease		yea	ntles us
and		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVE	N IN PART 1	O
The Tree or to long	o N									
ow sony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20m AUTOPS+?		WERE FINDING CAUSES	INGS USED S OF DEATH?
The hour	RTIF						YES NOW	YES	Land Control	NO 🗌
AN ficat fram I Hya		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110	M MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATIRE OF THE	IRY NO TEM 8 FAR	IN PART.	
SICI ng p	#CA	CIFEITHER NOTIFY MEDICALEXA	MINERI P	M	19					
attending the bis the bis the bis the bis the bis the bis the down when the down the	MEDICAL	21d INJURY OCCURRED	21e PLACE (AT HOME STE	OF INJURY REET FACTORY OFFICE F	ARM ETC	211 LOCATION	TY KE YE	wn	CLNTY	JIATE
A A A A A A A A A A A A A A A A A A A		22a 1 certify that (1) (this	haspitali attended th	e deceased fram_		19		. 15	9	that I (we lost
TTE P to f of H of H		saw the deceased ali abave I (we) (did) (d	re on	after death	, an	d that in (my) (our) opinion	death accurred on the c	ate and hour	and from the	couses stated
Dir A		226 SIGNATURE		0.0		DEGREE				SIGNED
AL MAL		you	n Meisl	(n:t	/	40 ATTENDING PHYSICIAN	MEDICAL STA	CIAN	101	11/87
Ouned by Ouned by Or FUNER ould be ould be ould be ould be ould be ould be outen the St.		22d PHYSICIANIS NAME	TYPE OR PRINT			22e ADDRESS				
5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a	BURIAL CREMATION, REMO	OVAL 236 DATE	23c N	NAME OF CE	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial	Oct.5,			ary's Cemeter	v Dundalk		1to	Md.
	24 F	UNERAL DIRECTOR	1000.57	1707 1101	4		E REC D BY REGISTRAF	256 REGISTRA	AR S SIGNAT	TURE
DHMH = 16 60M 7/84 (VRA 15. 4)	H	oward K.McCon	nas III. A	bingdon.M	d. 21	009	0 5 4007	To Aller	1 Man	ndell

BP.

DHMH 16 60M 7/84

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

day's	7	REGISTRAR		CERTIFICATE	DEATH	REG N	10		
		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(1117)	Rhoe	Wilson	Mink		October	19,	1987	3:00 4
	3 SE	X	4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST B	IRTHDAY}	FUNDER FAR	IF INDER 4 HRS
		Male	Caucasian	March 18	, 1912	75	YRS	U. N.	H JR MIN
p		IRTHPLACE (STATE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVE	R MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
		orth Carolin		WIDOWED	DIVORCED [Ha	arfor	d	ME
1		rrettsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 4058 Federal			120 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING L	126 KIND C INDUSTRY Gas	DE BUSINESS OR
1	130 5	STATE 136 COUI	r OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13% CITY OR TOW rford Jarrett	/N 113d INSID	CITY LIMITS?	13e STREET ADDRESS 4058 Fee	/ ZIP COD	-	Road
7		ATHER'S NAME	MIDDLE LAST		R'S MAIDEN NA	ME			
6		Granville		ink Ma	ttie	Bel	Le	Has	
1		WAS DECEASED EVER IN U.S. AR		JRITY NO 17 INFOR	MANT	ADD	RESS		
		No	218-07	-0298 Emm	a M. M	ink s	same	as abo	ve
		18 CAUSE OF DEATH Enter of	nly ane cause per line far to , (b) an	//1	42-14-7.	A	ora.	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
			TE CAUSE (a)	ofun	en/Na	7 // ~	REST		
			DUE TO, OR AS A CONSEQUE	ENCE OF 19N	- PHO CM	ne Los	LICEN	n/a -	12 40
		Conditions, if any, which gove rise to immediate	(b) C // C //	10 0100	7 10 01	T. C.	70100		1
		cause al, stating the underlying cause last	DUE TO, OR AS A CONSEQUI	ENCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERM	INAL DISEASE OR COM	NDITION GI	VEN IN PART 1	C C
	NO NO								
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
~	S.	21a ACCIDENT WAS UNDERLYING		AV VEAR 210 HOW	INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART OR PART.	
7	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCA	TION	_ CHY OR I	OWN	OLNIY	TATE
	~	WHILE NOT WHILE		4/1/1	10	10	1.0	10	A
н		r-1/ r	ital) attended the accepted from	1 110	19.07		777	19	that I we lost
		obove (Ne) (did) (aid at	ot light heliody of the death.	and that (n (n	y (aur) opinion	death occurred on the o	kite and ha	ur and fram the	causes stated
		JEN SIGNATOR	Colen	DEGREE	ATTENIONIC	MEDICAL ST		ZZi DATE	STONED DI
		//	Luch 0	My	ATTENDING PHYSICIAN	MEDICAL STA		10	117/11
		JOHN PHYSICIANG NAME (CY)	EDWARDS	W 27e ADDR	2 BEZ	ARRO	F	AZE IT	LAND
	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY C		23d LOCATION		2	1014
		Burial	10/21/87 Be	l Air Men	. Gar.	Bel Air	H	arford	Md.
	24 FI	UNERAL DIRECTOR	ADDRESS		² 50°4	F REC'D BY REGISTRAL	R 256 REGIS	TRAR S SIGNA	URG.
	M	. Gladden Ku	rtz Jarrett	sville, N	id.	21 1001.0	1	1	

Ander Will 191 Jane | Mark | Mark 19, 19W Bielo P Ande Siti, of morning palmount is afair Mentagram of the Company of the Comp 10 to 12 0 A Years - 20 March 1 1 Transc 8 (20 - Y) + 825

A. Sladner Kuris Jarrettering as 1001 31 Mar.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

429

requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

BP.

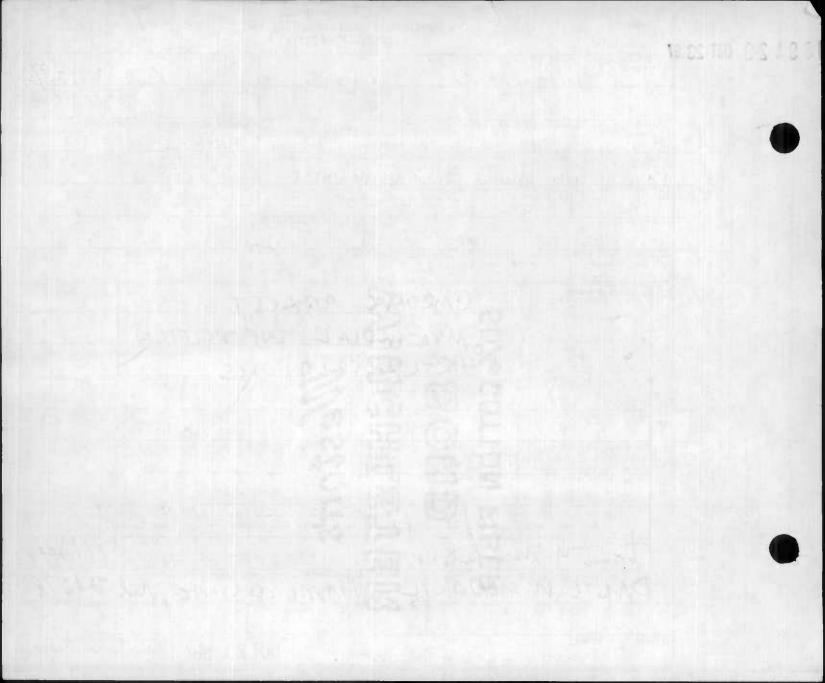
DHMH - 16 50M 1/81 (VRA T5, 4)

69

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL BY CERTIFICATE OF DEATH	GIENE REG NO	
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	INTH DAY YEAR 26 HOUR
	PE OR PRINTI		Morrow		10 20 81 23/2
3 S	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAT MOURS ME
	M	W	9 21 34	53	YRS
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR	COUNTY OF DEATH
4	MD.	U.S.A.	MARRIED NEVER MARRIED X	Horan	
-	CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
DV	lavie de grace	MARFORD MEMO	rial Mosmal	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
USI 13a	VAL RESIDENCE (IF FURSING HOME O STATE 136 COU	NTY I3c CITY OR TO	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	21001
- 10.1	MD. HAF	PFORD HAVE	DE GRACES NO K)		TEPNEY RD.
A	EIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
4		RLES MORROW	210 22 22 22	CULLUM	
160	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!	LIST DAT OAK	SSUM - sist	
1	UNK.	215-3	1 - 5 / 0	NDALE RD	ar Var. alla
	18 CAUSE OF DEATH (Enter o	nly one couse per lyne for 101 161	and,(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	DIAC MARKE	ST.	
	IMMEDIA	TE CAUSE IO			. 1
NOIL			DEATH BUT NOT RELATED TO THE TERM		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		OB IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NO
,	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY I	VITEM 18 PART OR PART ?)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hosp	ital) attended the deceased from	10 178, 19 8	7 to 15 9	0 19 57 that (li (we) l
	sow the deceased alive or above, (1) (we) (did) (did no	n 0 0 19 ot view the body after death	and that if (my) (our) opinion	death occurred on the date	and hour and from the causes stated
	Party (,)	nuchtms	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 222 DATE SIGNED
/	DANTE N	· MONAKI	- PROPESS	4 Grace.	red 21078
	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b DATE 23 10-20-87	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24	FUNERAL DIRECTOR	1 2 2 2 0 0 7	250_DA	TE REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE
ľ	State Anatom	v Board Ba	1to. Md. 00	1 2 1 1987	Julia Devidern-Roadall



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES [

1938

13d INSIDE CITY LIMITS

NO X

DATE OF BIRTH MONTH

May

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

senora

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

WIDOWED

White 76 CITIZEN OF WHAT COUNTRY?

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136 CITY OR TOWN

18 CAUSE OF DEATH (Enter only one couse per line for a), ib , and ic

above, (1) (we) (bid) (did nots view the body after death

IMMEDIATE CAUSE (a)

PART L DEATH WAS CAUSED BY

AYG	IENE					
	R	EG NO				
	20 DATE OF DE	HINOM HTA	DAY	YEAR	26 HOU	IR
		19	30	87	2:20	5p M
	& AGE IN YEARS	LAST BIRTHDAY)		NEER YEAR	IF UNDER	IHRS
	49	YR	S	'н _{го} дт	HOURS.	MIN
	9 BALTIMORE	ITY OR COU	NTY OF	DEATH		
	Ho	ir for	d			MD
	120 USUAL OCC (TYPE OF WORK FOR OWN HO	MOST OF WORKIN		126 KIND O INDUSTRY	FBUSINE	SS OR
2	13e STREET ADD 117 Fe	ress/zipc	ode ive	2108	35	

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	gave rise to immediate cause at, stating the underlying cause last	DUE TO, OR AS CONSEQUENCE OF	s Restrictiv	e Ling b	rest		/					
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230 BURIAL CREMATION REMOVAL Burial

FOR

REGISTRAR DECEASED NAME (TYPE OR PRINT)

temale

TO BIRTHPLACE INTATE OF FOREIGN

CITY OR TOWN OF DEATH

Tennessee

AT- STATE

3 SEX

236 DATE

234 NAME OF CEMETERY OR CREMATORY

23d LOCATION

30

STAFF

224 DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

442

BP. DHMH = 16 60M 7/84

TO FUNERAL DIRECTOR should be detached for us with the State Dept of He

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prior

bunal-transit permit Mental Hygiene prio 00

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MPORTANT

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11/3/87

saw the deceased alive on_

Higgins Chapel

DEGREE

22e ADDRESS

ITY OF TOWN Erwin

Unicoi Tenn.

74 FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MI Duda-Ruck Funeral Home of Dundalk, MD 212 Inc Julia Divideon Randals

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MEDICAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN C

ATTENDING

(VRA 15. 4)

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STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTALHYGO CERTIFICATE OF DEATH	REG NO
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	3 24 1884	103 YRS

		EASED NAME	FIRST		MIDDLE	LA	ST		To DATE OF DEATH MONTH	DAY YEAR	76 HOUR	
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	3 SEX	(1	RACE		5. DATE O			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 14 HRS	
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	10,0	TY OR TOWN OF DEA	TH I		HOSPITAL, NURSIN		ROTHER INSTITUTION	N	170 USUAL OCCUPATION		F BUSINESS OR	
6	H	AVRe de	GRAL	- HA	RFORD 1	Mem	RIALH	G5/2	Laborer			
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	Ma	ryland	Harf	ord	Havre de	race	YES X NO		109 George Ct.	21078		
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0		Lewis	MU	ODIE	Pinion		Carrie	_	MIDDLE	Co11:		
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TO FUNERAL DIRECTOR

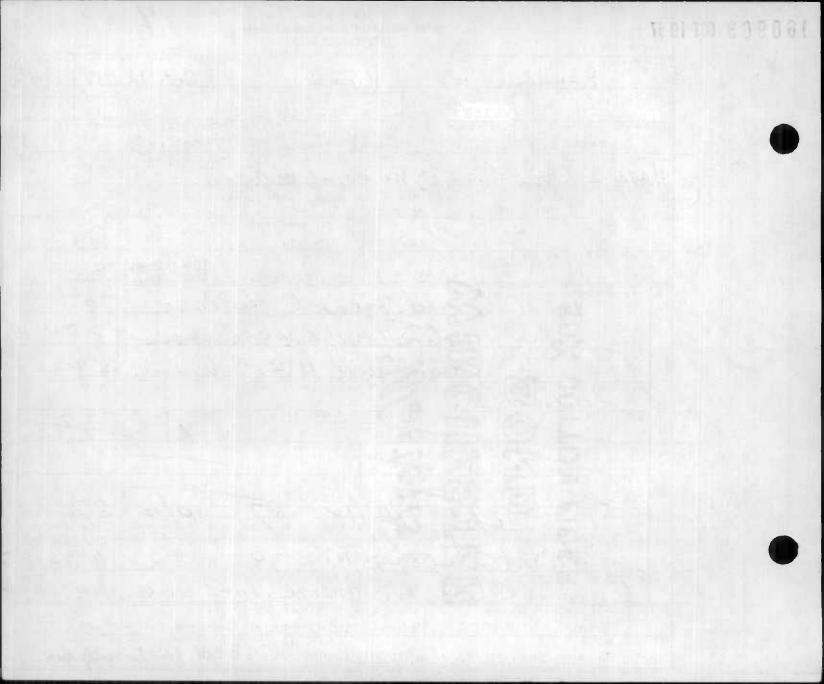
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74 FUNERAL DIRECTOR DHMH 16 50M 1/B1 (VRA 15, 4) Carring Funeral Home, PA, Aberdeen, Md. 21001-3399

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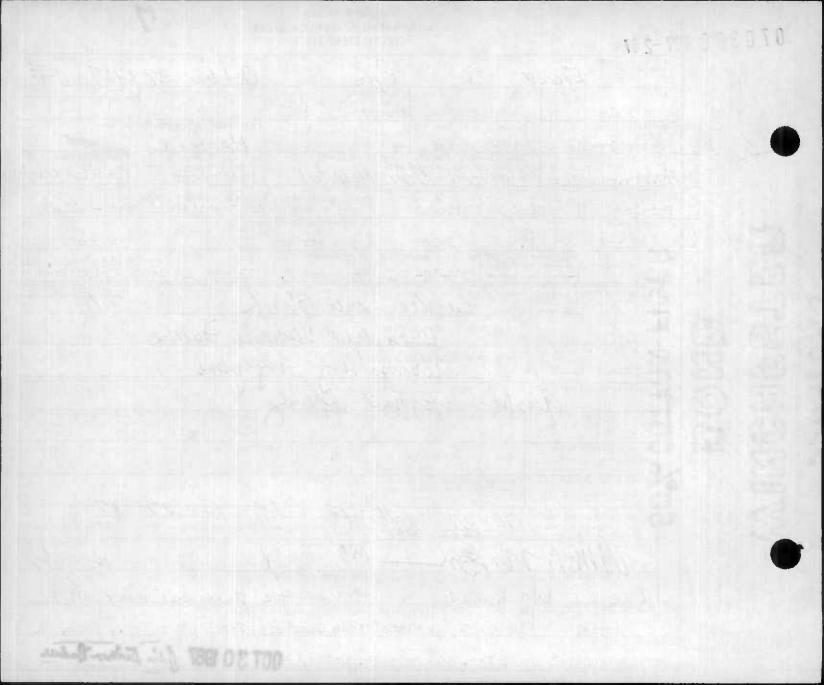
736 DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 10/15/87 Burial

Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

THE DATE OF DATH SOUTH STATE S	070369 N	ov-	FOR STATE ROGGIVAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO		
Male White August 13 3908 No. BRITHRIACE IDET CALOUND PART OF MARKED WITH AUGUST POWER MARKED DEATH AMAGED D			OD ADD 1	11-	MIDDLE	0	AST,		NIH DAY YEAR	26 HOUR43
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10 CITY ON TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. WIND OF BUSINESS OR BUS	2 204 2					MARRIE	NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH	
Bookkeeper Packing Compan,	Find To							HARFORG	<u>/</u>	
18 STATE	2 0 =	HA	Wre de Grace	HAP ?	CYFACILITY, GIVE STREETY	DDRESS)	Hospital	(TYPE OF WORK FOR MOST OF WE	ORKING LIFE) INDUSTRY Pack	ing Compan
Benthal Duphorn Mode Edward Duphorn D	filled in hould be	130 S Ma	aryland Har	1TY	13c CITY OR TOW	N I	YES NO 🔀	2635 Whitefo	rd Road -	21160
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SCAUSE OF DEATH Enter only one course per line to 10 ib. ogd 10.	d co				166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS	Havre de G	race. MD
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OHMH 16 60M 7/B4 (VRA 15, 4) Harkins Funeral Home, Inc. 600 Main St. Delta, PACT 30 1987 (VRA 15, 4)			NAME	Home. T	nc. 600 M	ain S	t. Delta. Por			



DECEASED NAME FIRS: 20 DATE OF DEATH MONTH TYPE OR PRINTS 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male 10 White 6 20 67 TO BIRTHPLACE INTALE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING, HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION NOT IN SUGH FACILITY, SIVE STREET MODRESSI (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Army MARYLAND 2120 USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION 130 STATE 136 COUNTY GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Harford Aberdeen 808 Matthews Ave. Maryland NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MICOLE LAST MIDDLE FIRST John Ross Alta Mae BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE W PETERA IYES NO OR UNKNOWN 9 Yes WWII.Korea Edith Ross S.A.A 18 CAUSE OF DEATH Enter only one couse pe PART I DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (6) Conditions, if any, which gave rise to immediate couse to stoting the DUE TO, OR underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 5 fronsit per 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART OF PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 5 21e PLACE OF INJURY CITY OF TOWN the tond (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET ed NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from saw the deceased olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated bove, (I) (we) (did) (did not view the body ofter death DEGREE FUNERAL DII MEDICAL * ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN T MPORTAN 22e ADDRESS 3 5 230 BURIAL, CREMATION, REMOVAL 236 DATE / SPECIEYI West Chester.

10/28/87

Funeral Home, P.A., Aberdeen, Md. 21001-33990

Cremation 24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

BP

DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Ferris & Co.

REG. NO

YRS

126 KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

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206 IF YES, WERE FINDINGS USED

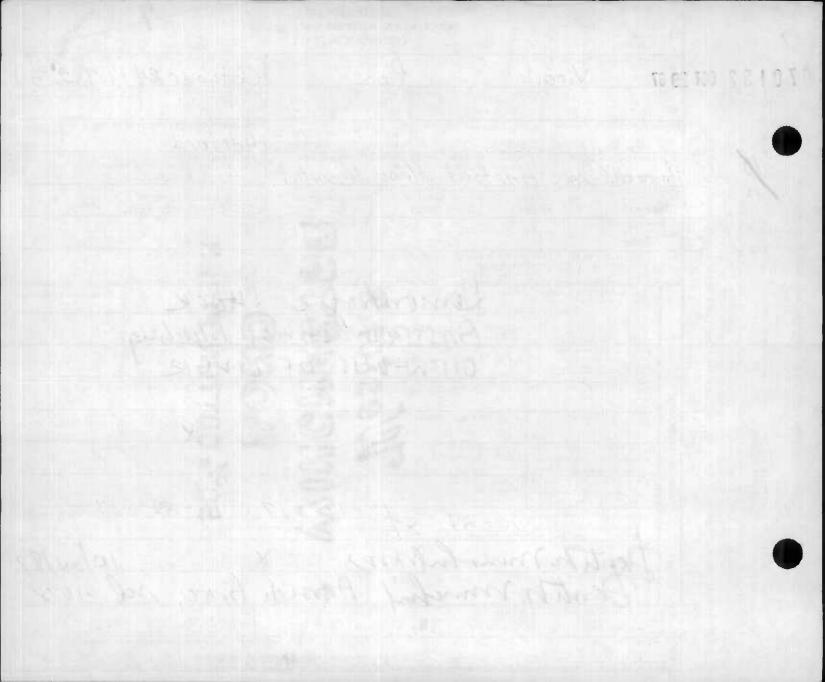
YES

IN CERTIFYING CAUSES OF DEATH?

220 DATE SIGNED

Chester.

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

- STATE CERTIFICATE OF DEATH D C7 REGISTRAR REG NO John 20 DATE OF DEATH 2b HOUR DECEASED NAME LIYPE OF PRINTS EONAR 10 & AGE LIN YEARS LAST BIRTHDAYL IE LINDER I YEAR E UNDER TAMPS 3 SEX white MALE 27 25 12-9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland USA HARFORD DIVORCED [WIDOWED 126 KIND OF BUSINESS OR I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FALLSTON FALLS TON GENERAL Farmer Dairv 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Harford Maryland Bel Air 2816 Calvary Road 21014 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Schenning Barbara Vasold Henry (nmn) Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21014 IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-36-7938 John E. Schenning, 2816 Calvary Road BelAir Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for roll, (b), and ic PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)_ gave rise to immediate cause (a), stating the DUFTO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NOF 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ZI HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY OTY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 AT WORK 27a 1 certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinian death occurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1908 HARFORD RD. FALLSTON MN 2/047

230 BURIAL CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

Sacred Heart of Yesus Baltimore Balto

DHMH 16 60M 7/B4

(VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

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neral director page 3 CD

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL 4PY GIENE

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3/	11	O CITY OR TOWN OF DI		E OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
Jou C	4	FALLSTON	FALL	STON GE	UERA	L HOSPITAL	Carpenter	Self.	-Employed
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E	4	no	1	216-10-	2370	Mrs. Joyce B	rewer, Baldwin,	Md. 210	
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NA /		22d PHYSICIAN'S	NAME (TYPE OF PRINT)			22er ADDRESS	~	1	
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W 7 84		4 FUNERAL DIRECTOR	Kinas	sville, Md. 2	1087 .	250 DAT	TE REC'D BY REGISTRAS 256 REC	STRARSSICE	Alphabe
4)		cessas	· [-H/17	20 Bex	cur!	KU INCT	1 3 1987, 3		

DHMH 16 60M 7 84 (VRA 15, 4)

TO HOSPITAL OR ATTEN

BP.

070393 oct	3b	FOR GATE GISTRAR	D	STATE OF MAR EPARTMENT OF HEALTH AN CERTIFICATE O	ND MENTAL HEGIE	ENE REG. NO.	7 5	3
		CEASED NAME FIRM	MIDDLE	(ASI		20 DATE OF DEATH MON	H DAY YEAR	26 HOUR
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est of to so of to		remale	BLACK	NOV. 19		86	YRS	HI JK MIN
Pop de		RTHPLACE A FOREIGN	76 CITIZEN OF WHAT COL		9	BALTIMORE CITY OR CO	UNTY OF DEATH	
te on on on on on	1	MACHLAND	U.S.A.	WIDOWED	DIVORCED [HARFOL	Q	MD
the feet	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER I		120 USUAL OCCUPATION	126 KIND C	OF BUSINESS OR
Boy so		VEEDE GEACE	CITIZENS	NURSING HO		COO R	Pris	
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AN 24	n	TRALAND HORI		redeGrace YES [NO D	4054 BIAVEL		21078
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A TOO	5	AMUEL	Tuch	ICR CL	ALA	MIDDIE	40	e
ORE,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO 17 INFOR	MANT	ADDRESS		
BALTIMORE		NO	220	0-38-3672 Joyc	C BOWN 1.	53 Keystone RI	cheste	cPA.
BALI		18 CAUSE OF DEATH Enter on	aly one cause per the tor la	b/and c	7	7	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
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ECORD	CERTIFICATION	Old Cereb	m/ascule	r accident			T	
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TAI The The State Power Show	Ē					IN	CERTIFYING CAUSES	OF DEATH?
VITA Nysicionsit Hygin Hygin						YES NO	CERTIFYING CAUSES YES [OF DEATH?
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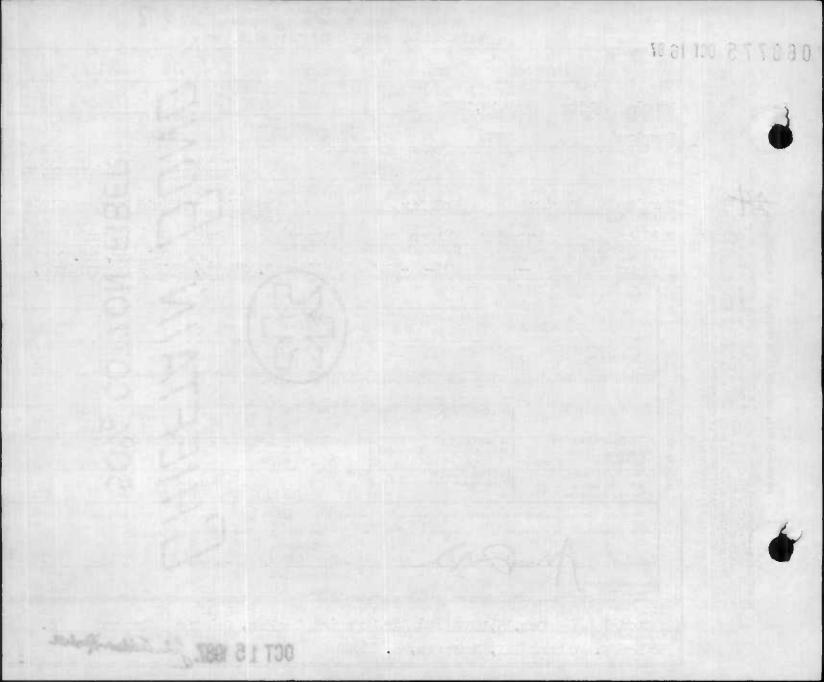
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR BORLASED NAME 20 DATE KNOWN X TYPE OR PRINT) OF Elizabeth Ann Sherman DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS 2c DATE YEAR PRONOUNCED OUR 10/12/ , 87 May 18,1952 35 a Female White Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harford County, Maryland USA ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 2519 Bradfield Ave. Bel Air Automotive Secretary JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 2519 Bradfield Avenue 21014 Maryland Harford Bel Air William Alexander Gibson Edwards Nancy Erma Bel Air, Md. 21014 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO William A. Gibson, 2017 Roberson Road, 213-58-3391 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Shotgun Wound of Chest & Abdomen IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of OF HEALTH A OF HEAL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED YES NO T CERTIFICATE SH RITING THE WOR RDED TO THE CH SE 3 SHOULD BE L E DEPARTMENT CO 01 PRIOR TO BUR 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 10/ 12% 87 subject shot CONTRIBUTING [] CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY FARM, ETC.) WHILE AT WORK 2519 Bradfield Ave., Bel Air, Harford, Md. home EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD BE FORW,

TO FUNERAL DIRECTOR: PA

AFTER DEATH, WITH THE STA

BALTIMORE, MADOW 220 I certify that I taok charge of the remains described above, held on Inspection Homicide X Natural causes death resulted fram. Undetermined manner TITLE (SPECIFY) ACTUAL M Deputy ChiefMEDICAL EXAMINER 10/12/87 SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens, Burial Bel Air Harford Md. 24 FUNERAL DIRECTOR DHMH 17 Howard K. McComas III, Dingdon, Md. 21009 (VR A15 ME (5))



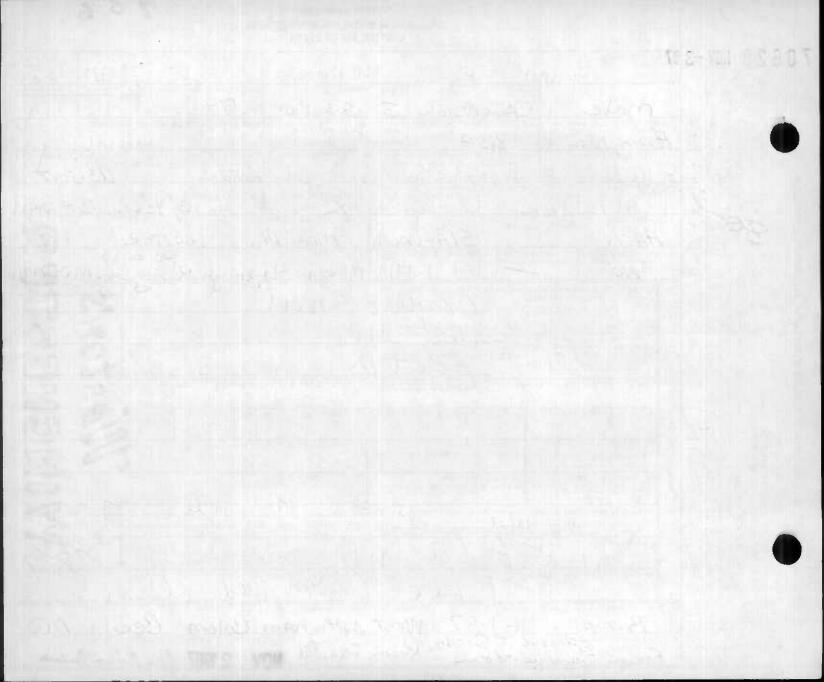
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR O DATE KNOWN X OF ESTI Thomas Stevenson Sherman DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS. 20 DATE 6:15 PRONOUNCED July 1,1953 34 Male White ам Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE MAIL OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Harford County, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION TIPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Bel Air 2519 Bradfield Ave. Mechanic Auto | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | Md. 21014 | 2519 Bradfield Avenue, Belair 136 COUNTY 13c CITY OR TOWN Maryland Harford 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Phyllis Hatcher Donald Irene Stevenson Sherman 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO Stevenson Donald Sherman 213-58-3755 18 CAUSE OF DEATH (Enter only one cause per line for (a , (b), and (c)) PART I DEATH WAS CAUSED BY Shotgun Wound of Chest & Abdomen IMMEDIATE CAUSE (a ... DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ANTING THE WORD "PE WRITING THE WORD "PE ARDED TO THE CHIEF M IGE 3 SHOULD BE USED A TIE DEPARTMENT OF HEL 201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATIJEE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR AM. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10/12/1987 subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET FACTORY FARM ETC) WHILE NOT WHILE 2519 Bradfield Ave., Bel Air, Harford, Md. home EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PARTER DEATH, WITH THE STYLMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection Homicide X death resulted fram Notural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief EDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Md. Oct. 15, 1987 Bel Air Memorial Gardens, Bel Air Burial 24 FUNERAL DIRECTOR DHMH 17 Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	'	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
NOV -3	B DE	CEASED NAME FIRST	WIDDLE	LAS1	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
eoth 3	- I 4 4 bi	OR PRINT	IAN H.	SLAYBANGH	Oct	28 1987 5%
D	3 SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDA	
rs off	1	male	CAUCASIO.	~ 3 3 1908	79	YRS NON HOUSE MILE
Ple Pour	7a B	RTHPLACE ANTATE OR FOREIGN			9 BALTIMORE CITY OR C	OUNTY OF DEATH
n 72	17	NUSVIVANIA	a USA	WIDOWED DIVORCED		Harlord
2 4 7	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
By a	PHO	wre de Graci	E Hainford	Meterial Hospital	RETIGED.	US GOVT
11 11		AL RESIDENCE (IF NURSING HOME)	OUNTY SITUTION GIVE RESIDENCE	BEFORE ADMISSION 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE
	2	Ma. C	ecil 181511	nay SUN YES NO [BOX 113.	Yz Louise CIT 219
0 60	14 E/	ATHER'S NAME	MIDDLE . LAS	15 MOTHER'S MAIDEN NA	AME MIDDLE	(AST
16/1/	1	HACTY	5/A	Y bauah Mary A	Tue WAI	TER
1 to 1		VAS DECEASED EVER IN U.S.	S GIVE WAR OR DATES!	SECURITY DO 17 INFORMANT	ADDRESS	0 B 113
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0.0			DIATE CAUSE (0)	value and	<u> </u>	
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1111		gave rise to immediate couse of stating the	DUE TO, OR AS A CONS	SEQUENCE OF 1		
1 1 1		underlying couse last	- (c) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	CVV		
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	CATION	DATE OF ODERATION	The COMPUTION CORN	AUGU OPERATION WAS DEPENDENT	Lee ALIZONG V.	DE IF YES, WERE FINDINGS USED
	S.	190 DATE OF OPERATION	146 CONDITION FOR W	HICH OPERATION WAS PERFORMED	11	CERTIFYING CAUSES OF DEATH?
21.87	CERTIFI	21a ACCIDENT WAS UNDERLYING	G [] 216 TIME OF INJURY	21. HOW INTERVOCATION	RED (ENTER NATURE OF INJURY IN	YES NO
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lith o		AT WORK AT WORK		10 - 28 39	10/38	37
Heo		sow the deceased alive	nospital) attended the deceased f	Y	denth accurred on the date	ond hour and from the causes stated
a d fo		above, (1) (we) (did) (did	d not view the body after death		acom occorred on the date	and nour one from the cooses stated
Och Dep		226 SIGNATURE	John July	DEGREE ATTENDING	MEDICAL STAFF	THE BAGE SIGNED
N det	-	22d PHYSICIAN'S NAME	The true	PHYSICIAN DDRE6S	DIRECTOR PHYSICIAN	
the S		220 PHTSICIAN SINAME (I	1-11	CALL OIL	ment 11	Mark
MPO MPO			V. FE	100000	was. C	VIII C
_ [BURIAL, CREMATION, REMOVE	the later of the l	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION	OUNTY IAIL
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DHMH 16 60M 7/B4 (VRA 15, 4)

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	53 B	TEGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	NO			
	1 DEC	CEASED NAME	FIRST	lelson	MIDDLE M.	I	Snouffer			DAY YEAR	26 HOUR	
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	3. SEX	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST B		IF LINDER I YEAR	IF HINDER 24 HI	Ri
		Male		White	e	Jan.		89	YRS	MONTHS DATS	HOURS MI	Ν.
	7a BIF	RTHPLACE I STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
)		Maryland		USA		WIDOWE			ord Co	ounty		MD
1	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIND O	F BUSINESS (OR
1		Belair					nt Center	Builder		Constr	uction	
		AL RESIDENCE (IF NURS	ING HOME OR		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
3		ryland	Harf	ord	Belair		YES NO X	410 MacP			14	
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST		
2		Oscar		ee	Snouffer		Ada	Rebecca	1	Clark		
10.00		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	irity no.	17 INFORMANT	ADDI	RESS			
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		18 CAUSE OF DEATH			line for (a), (b), and	dicil				BETWEEN	MATE INTERVAL INSET AND DEAT	н
				re CAUSE a)	CAZU	10 p	day A	1300-71				
				DUE TO, O	R AS A CONSEQUE	NCE OF	11	()	nd	d.		
		Conditions, if any, which gave rise to immediate										
		cause (a), statin	g the	DUE TO, OI	RASACONSEQUE	NCE OF	. Ox					
				(c)	The state of the s	ene		HERCE				
	Z	PART 2 OTHER SIGN	HIFICANT	EQUALITIONS CO	DNTRIBUTING TO L	DEATH BUT	NOT PELATED TO THE TER	MINAL DISEASE OR COM	ADITION GIVE	EN IN PART 110		
1	ATIC	19a DATE OF OPERAT	TION	19b CONDI	ITION FOR WHICH	OPERALIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES	, WERE FINDIN	GS USED	_
	CERTIFICATION			-				YES TO NOT	- Andrews	YING CAUSES	OF DEATH?	
	CER	210 ACCIDENT WAS UND		216 TIME O		VE 4.8	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART I OR PART 2)		
		OR CONTRIBUTING	1 10	HOUR A.	M. MONTH DA	19						
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		sow the decree	dialon on idid no	(OC)	mary fleath	or or	nd that is (my) (our) apiniai	death occurred on the	date and hour	ond from the c	ouses stated	
	0	17h SHIMAJORY		IXA		No	PEGREE			22c DATES	GIGNED	
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	23a B	SURIAL, CREMATION,	REMOVAL	236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	120	110C1	47	
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	24 FU	INARAD DIRECTOR	will,	Donn	ADDRES		250 04	ቸ 50	TM - RES	Adban-Man	DATE	1
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STATE OF MARYLAND	
RTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

REGISTRAR 20 DATE OF DEATH MIDDLE LAST 7h HOUR DECEASED NAME (TYPE OR PRINT) KATHLEEN N. SOMERS 87 DATE OF BIRTH 3. SEX 24 63 W 9 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY RXKEXXXKEXXMD. HARFORD MD U.S.A. GEORGIA WIDOWED DIVORCED 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY PYLESVILLE ASSEMBLY WKER CLERMONT MILL RD GIVE RESIDENCE BEFORE ADMISSION) JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e STREET ADDRESS 136 COUNTY PYLESVILLE 4818 CLERMONT HARFORD MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE NELL GERTRUDE SIMS MOLLIE GROOVER 166 SOCIAL SECURITY NO. GUPTOM- sister 253-20-7039 NO 18 CAUSE OF DEATH Enter only ane cause per line for io , b , and c PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause la, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1.00 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO F NO 216 HOW INJURY OCCURRED LENTER WAT RE OF INJURY IN ITEM B PART OR PART 2 716 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21ª PLACE OF INJURY THE LOCATION CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM THE NO III. I certify that (1) (this hospital) of od and the received alive an. imy inur) opinion death occurred on the date and haur and fram the causes stated 22c DATE SIGNE ATTENDING 1 MEDICAL DIRECTOR PHYSICIAN 228 ADDRESS 27d PHYSICIAN S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 73b DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN 10-6-87 Removal 250 UCT 2 1 1987 Julia Designature 24 FUNERAL DIRECTOR Julia Divideon Pandall State Anatomy Board Balto., Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR

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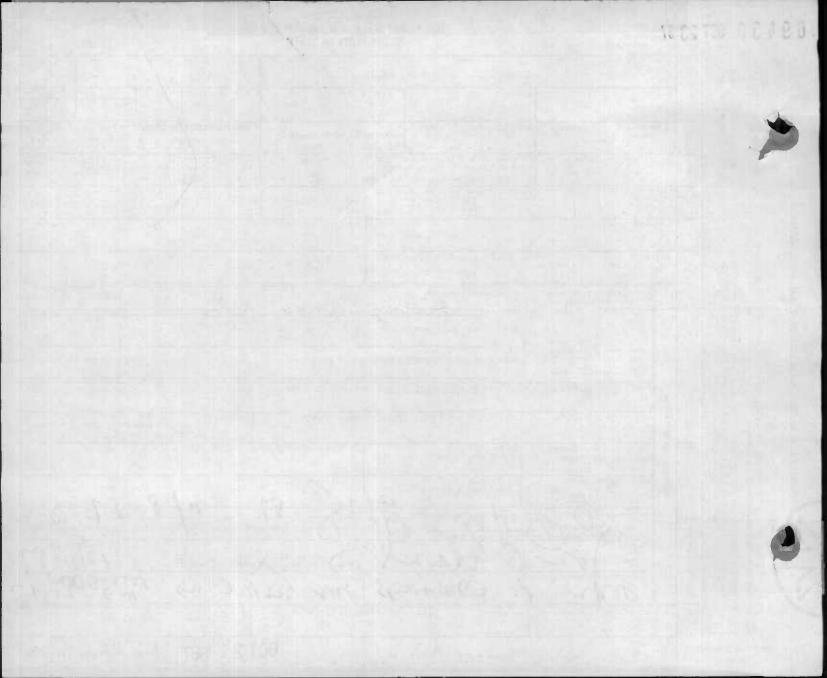
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DHMH 16 50M 1/81 (VRA 15. 4)

17 STATE

CORP. CHEMINA, 1

REGISTRAR

1 DECEASED NAME

STATE OF MARYLAND

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

MONTH

26 HOUR

20 DATE OF DEATH

W. & AGE (IN YEARS LAST BIRTHDAY) SEX 4 RACE 5. DATE OF BIRTH MONTH WHITE MALE OCT. 1937 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PUNTRYLAND U.S.A. DIVORCED X 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) SERVICEMAH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13m CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS rlor 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME B. DPARKS CCHRAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMAN (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NC. 27520 CLAYTON, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) |
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR, AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 706 IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTIR NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED ?le PLACE OF INJURY STATE AT HOME STREET FACTORY OFFICE FARM ETC) CITY OR TOWN MATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 10- 31 saw the deceased alive on 0 = 31
above. (I) (we) (did) (did nat view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 275 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME LTYPE OR PRIN 119 W. High Street Elkton, MD 21921 R.S. Ackhart, MD. 73c NAME OF CEMETERY OR CREMATORY 73e BURIAL, CREMATION, REMOVAL (SPECIFY) Nov. 4.1987 Garrison Forest Vets Burial Owings Mills Baltimore MD 24 FUNERAL DIRECTOR Harkins Funeral Home, Inc., Delta, PA 17314

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH A

ND	MENTAL-HYGIENE	
) F	DEATH	

1	3 ATEGISTRAR			CERTIF	ICATE OF DEATH		REG NO				
9	PDECEASED NAME (TYPE OR PRINT)	Lude	AuuA	STR	RICKER	20 DATE OF		0 19	ST7	1:20 A	
	3 SEX Ferral		hite	5 DATE O	DAY YEAR	1916 7	EARS LAST BIRTHD	YRS		IF TOFR 3 HRY	
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	FAUST	i Tu	USTA	T ADDRESS	ALL DIES		CCUPATION KFORMOST OF WI	ORKING LIFE) IN	DUSTRY	maker	
1	Maryland	HARRORD CO.	IN CITY ON TO	WN	IM INSIDE CITY LIMITS YES □ NO 😿	2907	ADDRESS / Z		rive	1050	
)	14 FATHER'S NAME FIRST Edward	WIODIE	AUET		15 MOTHER'S MAIDEN		WIOOLE	Sch	Elha	us	
	160 WAS DECEASED EVER II (YES NOOR UNKNOWN)	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	214-01-		17 INFORMANDALLY	4. Hull	SY ADDRESS	7 Smith	mary!	nive , 21058	
	PART I DEATH WA	which bediote DUE TO. (DR AS A CONSEO	CRAMI UENCE OF IL AV	al hyper stracerel	ral mi	natrasti	yran Isls		mate interval ONSET AND DEATH 19 87	
	Δ.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF									
	190 DATE OF OPERAT	ION) 196 CIONI	THON FOR WHIC	H OPERATIO	N WAS PERFORMED	YES [DE IF YES, WE N CERTIFYING YES			
7	OR CONTRIBUTING C	Lassaurania Disturbasauri HOUR A.M. MONTH DAY YEAR									
	AT WORK AT WOR	E C FAT HOME S	OF INJURY	1/3	211 LOCATION STREET	15	CITY OR TOWN	7	CHINITY	STATE	
	saw the decease above (I) (we) (di	this hospital) oftended to drive an id (did not view the bad	19	ar	id that in (my) (aur) api	nian death occurre	d on the date		from the o		
	276 SIGNATURE	- D, N	, 1/.	11 1	DEGREE	IC MEDICAL	STAFE		220 DATE	The same of the sa	

BP. DHMH 16 60M 7 84

TO FUNERAL BESTON Should be defined with the State MPORTANT ...

Joseph William Foster

230 BURIAL, CREMATION, REMOVAL

EntemporEst

Det. 21, 1987 50 W. Broadway & Williams St BEL Air, Maryland 21014

23b DATE

131 NAME OF CEMETERY OR CREMATORY DETTONA MEMORIAL GANGEUS

23d LOCATION Deltena, Florida

PHYSICIAN DIRECTOR PHYSICIAN

(VRA 15, 4)

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GD 10 30 = 17.4		
with the desired page 1		gill Justine
	Carried State of the Control of the	

requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN The fow etained by the haspital or attending physician

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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#h. Page 4

of director, page 3

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be twith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal...

must be natified at once

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL NYGIENE CEPTIEIC ATE OF DEATH

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5 0	9		6	-

B 187 STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG N	10		
I DECEASED NAME (TYPE OR PRINT)	Hen Re	J.	AIDDLE	Sto	ast a Rintu	20 DATE OF DEATH Octol 6 AGE (IN YEARS LAST B)	MONTH	7/987	26 HOUR 1/32 16 UNDER 24 H
5.3	Male	White		Jai		86 YRS		MON HS BAY,	HUJRS MI
COUNTRY	70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN COUNTRY W. Virginia USA			WHAT COUNTRY? & MARRIED NEVER MARRIED WIDOWED DIVORCED					
HAURE de C	MARE	HAT F	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Farmer		LIFE) INDUSTRY	BUSINESS
USUAL RESIDENCE (IF Maryland	Harfo	Y	Darling	VN I	136 INSIDE CITY LIMITS?	3625 Dubl	in Ro	1. 2/6	134
14 FATHER'S NAME FIRST Samuel	Č.	DDIE •	Sturm		Dora	MIDDLE		Harris	
160 WAS DECEASED EN		VAR OR DATEST	235-50-7		Henry J. Stu	ırm,3625 Dul			21034 Ington
			ISEAU	ENCEOF)				
	immediate of the use last	nditions <u>c</u>	A CONSEQUENT OF THE PROPERTY O	ENCE OF	NOT RELATED TO THE TERM				C C LICE D
gave rise to cause (a), st underlying ca	immediate aling the use last	IPB CONDI	Y'A CONSEQUENT TO	ENCE OF	N WAS PERFORMED	200 AUTOPSY?	206 IF Y	ES, WERE FINDIN IFYING CAUSES (YES	
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STATE OF MADVIAND

DEPARTMENT OF HEALTH AND MENTAL HAY CERTIFICATE OF DEATH	GIENE REG NO	NE					
TERZIGWI	120 DATE OF DEATH MONTH	1987	21				

1.	FOR STATE			DEPART			MENTAL HA	rGIENE	6. 0			
0	REGISTRAR				CERTIF	ICATE OF	DEATH		REG N	10		
	ORPRINI	LENT	C.		TEN	2216	WI	20 DATE	FORT	MONTH 2	1918 7	3 45 AM
3 SE	m	4 RA	CE	white	S DATE O		1914	72	YEARS LAST BI	YRS	IF UNDER YEAR	IF UNDER 14 HR
-	RTHPLACE ASTATE OR FORI		J.S.A.	HAT COUNTRY?	MARRIEI WIDOWE		R MARRIED [Har	ford		Y OF DEATH	MD
10 C	TY OR TOWN OF DEATH		IF NOT IN SUCH F	SPITAL, NURSIN ACILITY, GIVE STREET ATCUS	ADDRESS)			TYPE OF W	LOCCUPAT ORK FOR MOST ired		IFEI INDUSTRY	Steel
	AL RESIDENCE (IF NURSING STATE Md.	NOME OR OTHER		RESIDENCE BEFORE BEFORE BAlto.	N I	13d INSIDE YES 🏋	CITY LIMITS?	13. STREE	ADDRESS 7 E.		2	1218
14. F.A	THER'S NAME FIRST Frank	MIDDLE		usi erziani		IS MOTHER	R'S MAIDEN N	IAME	WIDDLE	77 -	LAS	T
	VAS DECEASED EVER IN	U.S. ARMED IF YES GIVE WAR	OR DATES)	56 SOCIAL SECU 213-07-	JRITY NO	17 INFORM	MANT		1547	212	rrı 18 36th S	
	18 CAUSE OF DEATH PART I DEATH WAS	S CAUSED BY	USE (a)		pur	mm	VARY	Are	won		APPROXIBET WEEN	mate interval onset and Death
	gave rise to immed cause to stating	diate	DUE TO, OR A	AS A CONSEQU	ENCE OF							
NOI	PART 2 OTHER SIGNIF	ICANT CONE	ITIONS <u>CON</u>	ITRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TEI	rminal dise	ASE OR COM	NDITION GI	VEN IN PART 1	a
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WH.				OPERATIO	N WAS PERF	FORMED	YES [TOPSY?	IN CERT	S, WERE FINDING CAUSES	
	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAU	JSE OF DEATH	HOUR A.M.	MONTH D	AY YEAR	21t HOW	INJURY OCCU	JRRED (ENTER	NATURE OF INJ	URY IN ITEM 18	PART OR PART 2	
MEDICAL	21d INJURY OCCURRED		THE PLACE OF	T FACTORY OFFICE	FARM ETC)	21f LOCA		7	CITY OR I	own / n	COUNTY	STATE
	saw the declared	alve on	8/	2 3 19	87 or	d that in im	19_ (aur) apinio	toto	red on the o	dote and ho	ur and Irom the	tha (II) (we) lost couses stated

STAFF PHYSICIAN Phriston 104

236 DATE Entombment

10/6/87

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

for use as the burial-transit permit. Then please remave as at Health and Mental Hygiene priar ta burial, crematian.

MPORTANT If Item 21 is marked at Item 18

should be detached for use with the State Dept- of Heal

24 FUNERAL DIRECTOR

Joseph N. Zannino, 263 S. Conkling St

Dulaney Valley Maus. Timonium, Md.
21224 130 DATE RECD BY REGISTRAR 735, REGISTRAR S SIGNATURE
CONKLING St. OCT 7 1987 Julia Dividen-Randelle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN The low etoined by the hospitol or ottending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CERTIFICATE OF DEATH	REG NO		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	6:20 PM
STERMAN	October 6, 198	M	
5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF LINDER LYEAR	IF INDER 4 HR
Jan 11 DAY 1906	91	SONTH BATS	HOUR'S MIN

-		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR PM				
	(ITPE	MARC	ARET MAE TE	STERMAN	October 6, 1987	, 0.20 FM				
	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF INDER , 4 HR				
		Female	White	Jan. 14, 1906	81 YRS	NONTH BATS HOURS MIN				
3		IRTHPLACE THATE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
3	V:	irginia	USA	WIDOWED DIVORCED	Hartord Count	Y MD				
0			(IF NOT IN SUCH FACILITY, GIVE STREET 2313 Calvary R	toad	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY				
7	13a S	STATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13¢ CITY OR TOW		13e STREET ADDRESS / ZIP COD	3				
		ryland Harfo	ord Bel Air	YES NO V	2313 Calvary Ro	oad 21014				
4	14 F A	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST				
		Joseph	Leftridge	Sarah		Tibbs				
-	16a V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	Md. 21154				
	(.	YES NO OR UNKNOWN) (IF YES GI	ve war or dates) 215-28-1	1093 Carol I. Forl	bes, 3917 Grier N	hreery Pood				
1					ses, 3917 Grier I	APPROXIMATE INTERVAL				
		PART I. DEATH WAS CAUSI	nly one couse per line for a . (b) on ED BY	200		BETWEEN ONSET AND DEATH				
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	DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which	(ib) A=							
		gove rise to immediate								
		couse to, stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF						
			10)							
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART TO				
	CERTIFICATION									
2	V	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED FYING CAUSES OF DEATH?				
1	E				YES NO YES NO					
-	E E	210 ACCIDENT WAS UNDERLYING			RRED LENTER NAT RE OF INJURY IN TEM B	PAR)RPAR .				
1		OR CONTRIBUTING CAUSE OF DE								
	Š	116 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION						
	MEDICAL		(AT HOME STREET FACTORY OFFICE I		(IIY OR TOWN	STATE				
		AT WORK AT WORK								
		22a I certify that (I) (this hosp	itali attended the deceased from		, to	. 19, that (II (we) last.				
		saw the deceased alive or	19_	, and that in (my) (our) opinion	n deoth occurred on the date and ho	ui and from the couses stated				
		Obove (ii) (we) (did) (did no	of view the body ofter death.	DEGREE		22c. DATE SIGNED				
		1-0.11	OUIN	7 ATTENDING	MEDICAL STAFF					
		IGUN	-0700		DIRECTOR PHYSICIAN	10-7-87				
1		THE TAN'S NAME (TYPE OR PRINT) 226 ADDRESS								
/		JOHN.	D. YUN	319 Union A	venue, Havre de (Grace, Md. 21078				
1	23a E	BURIAL, CREMATION, REMOVAI	236 DATE 23c I	NAME OF CEMETERY OR CREMATORY	23d LOCATION					
		(SPECIFY)			CITY OR TOWN	OUNTY				
	24 F1	Burial UNERAL DIRECTOR	400.9,1301 Be.	l Air Memorial Gar	dens, Bel Air	Harford Md.				
84			a TTT Abination		ATE REC'D BY REGISTRAR 256 REGIS	Devider Pardage				
	TIC	watu r. Mccolla	s III, Abingdon,	Mr. STOOR	0 130/ 3/2000	now we Kongrang				

DHMH 16 60M 7/84

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpopers, Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 - STATE R7 REGISTRAR

(VRA 15, 4)

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and completely filled in by the funeral director page 3 ages 1 and 2 should be filled within 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the haspital ai attending physician

BP.

DHMH 16 50M 1/81 (VRA 15, 4)

requires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

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NO.	1-	FOR STATE RECISTRAR		F HEALTH AND MENTALLIYG			
NU		CEASED NAME FIRST OR PRINTS	MIDDLE Tho	TAST TAD SEN	REG. N	MONTH DAY YEAR	7 10:30 AM
	3 SEX	FeMA/e	Negeo De	TEOF IRTH DAY 13, 1907	6 AGE (IN YEARS LAST BI	YRS MONTHS DA	ATS HOURS MIN.
5		RTHPLACE (SLATE OF FOREIGN	US H WIDO	RRIED NEVERMARRIED	Har	FOR COUNTY OF DEATH	MD
5	Ha	ure de GRACE	11. NAME OF HOSPITAL, NURSING HOA (F NOT IN SUCH EACHTY, GIVE MREET ADDRESS)	ial Haspital	170 USUAL OCCUPAT		of Business OR RY Ug Stee
5	130 S	ARY AND HA	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSINGLY OR TOWN. RESULT OR TOWN. CHURCHY OR TOWN.	13d INSIDE CITY LIMITS?	30 STREET ADDRESS	veyRd.	21028
0	C	ARROIL	Thompson MED FORCES? THE SOCIAL SECURITY NO	15 MOTHER'S MAIDEN NA. FIRST PRICE 17 INFORMANT	MIDDLE	JOHN	SON
/		VAS DECEASED EVER IN U.S. AR	e war or dates) 2/8-18-75	Mildred	DAVIS. C	HURCKY	ille, Md
		PART I. DEATH WAS CAUSE	ly one couse per Ime for Ia (b), and Ic (b) BY. E CAUSE (o)	exidence	Alreys		EEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE O	Fostases	isis -	boss	
	CATION	PART 2 OTHER SIGNIFICANT OF	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COM	age in par	110
2	CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	YES NO NO	206 IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH? NO
7		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YE	AR 216 HOW INJURY OCCUR	RED LENTER NATURE OF INJU	JRY IN ITEM 18 PART OR PART	2]
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC	211 LOCATION STREET	CITY OR TO	COUNTY	STATE
		saw the deceased alive on	tal) attended the/deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (our) opinion	death accurred on the c	late and hour and from	that (I) (we) last the causes stated
		G Cely T.	(ben alegan		MEDICAL STA	FF /A	31-87
		27d PHYSICIAN'S NAME (TYPE OF	T- CA MARCHO	Edger	wood en	and 2	2000
	-	PECIEV CREMATION, REMOVAL	1236 DATE 1236 NAME OF AS D	OF CEMETERY OF CREMATORY		Wille, HA	e For I Ma
	C	Total By	Mork Thomas He	12 M P NON	TE REC'D BY REGISTRAL	256 REGISTRAR'S SIGI	Pardage

AND THE PARTY OF T

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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			REGISTRAR		CERTIFICATE OF DEATH	REG NO	
21.	I DOT OF	1 DE	CEASED NAME FIRST	MIDDLE	1 / LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
J. 1	# # UL 3	07	ELIZABE	TH Brinker	r. Van Gosen	10 - 23	3-87 3pm
moy	000	3 SE)		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FINDER I YEAR IF UNLIER . 3 HR"
4	oto s oft		Female	Caucasian	oet. 27, 1916	70 yrs 100	INTHE BATS HOURS MIN
Pog	Pour P	7a BI	RTHPLACE LETATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNTY C	OF DEATH
hoth	1 m	j	Maryland	U.S.A.	WIDOWED DIVORCED	HARFORD C	OUNTY MD
p L	To A		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
offe	ted by	F	ALLSTON MD	FALLSTON (JEN. HOSPITAL	Teacher Aid	Education
2000	be to be	USU	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		21050
24 1	illed pold must				st Hill yes No A	1301 Baldwin	Mill Road
- L	2 sh	-	THER'S NAME		15 MOTHER'S MAIDEN NA	AME	
3	pole (Augustus	Clements B	rinker Elisabet	middle h	Foard
cute			AS DECEASED EVER IN U.S. AL		SECURITY NO 17 INFORMANT	ADDRESS	I Oal a
e exe	Poges medicol	(ES NO OR UNKNOWN) (IF YES GI	217-0	9-2814 Max R. Van	Gosen same a	s above
te b	9 2 9		18 CAUSE OF DEATH (Enter o				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1,600	mg physic bonpope removal c event, th		PART L DEATH WAS CAUSI		DIOPUL BRICES	-	
Ceri	30 E E		IMMEDIA				
eoth	ottend otion.o		Conditions, if any, which	DUE TO, OR AS A CONS	CINOMA OF CO	DION WITH G	YZU.
he	mot r tro		gave rise to immediate cause a stating the	DUE TO, OR AS A CONS	111175		
0	by the		underlying cause last	DUE TO, OR AS A CONS	EODENCE OF 10.01		
es ÷	pled iurio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1 a
900	Ther Ther to b	O O					
3	Drio ony	CERTIFICATION	190 DAJEJOF OPERANON	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
he lo	hos ene	TIFI	10121157	The state of	Con- Colecting	YES NOTE YES	
Z Z	Cote Onsi	CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH		RRED (ENTER NAT RE OF INJURY IN ITEM 18 PAR	(T),)RPART;
A D	certifico irrol-troi entol Hy	AL	OR CONTRIBUTING CAUSE OF DE	MIN .	19		
HYS	S X D	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	HTY OR TOWN	OUNTY TATE
G P	s the	£	AT WORK AT WORK	(AT HOME STREET FACTORY OF	FRE FARM EICT		
Zoo	At At wo		22a 1 certify that (I) (this hosp	atal) attended the deceased fr	om_10/1/ 19.8	F to 10/23 1	9 S That it (we) lost
TTEN	for up		sow the deceased alive or	of view the body ofter death.	19 and that in imply opinion	death occurred on the date and hour	and from the causes stated
R A hos	IREC hed ept tem		226 SIGNATURE	of view intersection.	DEGREE		220 DATE SIGNED
AL C	etoc etoc ite D		HW	ende-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/23/87
HOSPITAL	FUNERAL ORTANT		224 PHYSICIAN'S NAME LITYPE	OR PRINTI	22e ADDRESS	4	
	~ 0 = a /		14. MC	WII (imme	- FC	* lt	
10	₩ 3 ₹		URIAL, CREMATION, REMOVA	236 DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP)		Burial	10/26/87	Centre Cemetery	979 1 979 1 70 70	Harford . Md .
DHMH	16 60M 7/B4	24 FL	INERAL DIRECTOR		250 DA	TE REC D BY REGISTRAR 256 REGISTR	AR S SIGNATURE
	VRA 15, 4)	M.	Gladden Ku	rts Jarre	ttsville, Md.	128 1987	vidoor-handate.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

069503 OCT	1	FOR STATE EGISTRAR		DEP		EALTH AND MENTAL.H) ICATE OF DEATH	GIENE REG NO	00	
		CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
nay be poge 3	(TYPE	OR PRINT)	415		No	dmar	October 16,	1987 -	2 A. M
pog rr de	3 SE	Χ	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF	UNDER 24 HRS
ctor,	7	MALE	Whit	E	Ocho	BET 2 1923	64 YRS		OURS MIN
Pog Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	75 CITIZEN OF WHAT COUNTRY? 8			19 BALTIMORE CITY OR COUNTY OF DEATH		
unerol un 72	-0	OUNTRY) CAPTION Drock	U.	S.A.	WIDOWE	DINORCED	Harford Con	wty,	MD.
4 ± / p	10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF B	USINESSOR
by the		BELAIR	1334 9	(IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)			Electrical EngineE		y Mfg.
AND 212	130 5		ME OR OTHER INSTITUTION OUNTY Ar Ford Co.	130 CITY OR	TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	A Drive?	1014
2 4 00 4		THER'S NAME				15 MOTHER'S MAIDEN N	IAME		
MAR. mplet		Anton	MIDDLE	Vida	295	MARY	MIDDLE	Fronte	S
5 8 7 5	16a V	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANI WIFE	1879- 2089 ADDRESS	Saratosa	VE
ALTIMORE strian and sirrian and oil.	,	(IF YES	S, GIVE WAR OR DATES)	204-16	-6929	Mrs. Florence	E Vidmar BELA	ir Maryland	21014
ALTI personal col.		18 CAUSE OF DEATH (Ent	er only one couse pe	er ling, for (o), (b	of ond icl		2.4 - 4	APPROXIMAL BETWEEN ONS	E INTERVAL ET AND DEATH
phy npop		PART I. DEATH WAS CA	NUSED BY DIATE CAUSE (0)	Cource	to pul	inorally a	west		
NO P Ce			DUE TO. C	OR AS A CONS	EQUENCE OF A	11 11 2			
PRESTON he death c		Conditions, if any, which	h ((b)_	4 "	eneral	applian	02		
W.		gove rise to immediat couse 101, stating th underlying cause los	e DUE TO	Mufgs	Edutate OF	colon c	Car curome		
y, or o		PART 2. OTHER SIGNIFICA	NT CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION (SIVEN IN PART 1(0)	
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IL RECORDS,	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF Y	YES, WERE FINDINGS TIFYING CAUSES OF YES T	DEATH?
VITA VITA Nysicio cote consit Hygie 18 sho	CER	21a. ACCIDENT WAS UNDERLYIN		OF INJURY	VE 10	216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)	
ICIAI ICIAI ICIAI Iolitr	AL	OR CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAM	OF DEATH	A.M. MONTH	DAY YEAR				
DIVISION OF VITAL UG PHYSICIAN. The ottending physician first this certificate has the burial-transit p is and Mental Hygien hand Mental Hygien orked or frem 18 show	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Do A A See A Market		22a I certify that (I) (this i	nospitol) attender	he deceased fo	rom	/ X-	m I V		t (I) (we) lost
TTEN Pital TOR for o		sow the deceased alive above, (A (we) (d d) (d	e on	Watter death	or	nd Workin any) (que) borne	in dear occurred on the date and	our and from the cou	ses stoted
OR A DIRECTOR A DEPT.		226. SIGNATURE	NIL	2006	7	DEGREE		22L DATE SIG	Men.
74 75 7		1000	NI FA	vvo	/	· · · · · · · · · · · · · · · · · · ·	MEDICAL STAFF DIRECTOR PHYSICIAN	1101K	3/5-
HOSPII brined b 5 FUNEF ould be th the Si		22d PHYSICIAN'S NAME (T	ALC. ST	mite	2	Falls/2	r Goural	(topite	1
5 g 5 g ₹ ₹	230 E	BURIAL, CREMATION, REMO	VAL 236. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP	(BuriAl	Oct. 10		Highvier	S MEmorial GArd	ens Failston, Harford	6, maryland	21047
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL NYGIENE

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	-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO						
O 1,5 4, OCT 29	1.5 4 OCT 29 PECEASED NAME FILE			AS MACK U		lard	20 DATE OF DEATH	B/87	TEAR 26 HOUSE	
tor pag	3 SE	1-1-	4 RACE	40	5. DATE C		6 AGE (IN YEARS AST BIRTI		VEAR IF INDER 14 HRS	
oth Pog 72 hours		RTHPLACE ATE OR FOREIG		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF		TH MD	
s after dec	10 C	Uirginia ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Painter	ON 126 K WORKING LIFE) INDU	126 KIND OF BUSINESS OR	
tilled in by gold be file most be no	13e 5	AL RESIDENCE (IF NURSING HOSTATE 136	ome or other institution county		ADMISSIONI	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 431 East E		21014	
mpletely t		ATHER'S NAME FIRST Crockett	MIDDLE	Ward		15. MOTHER'S MAIDEN NAM Perlina		Weather	man	
e execute n and can Pages 17		VAS DECEASED EVER IN U	S ARMED FORCES? (ES GIVE WAR OR DATES)	166 SOCIAL SECU 227-03-2		Mrs.Naomi T.	Ward, 431 E	SS	21014	
rficote by physicior popers. naval		18 CAUSE OF DEATH IER PART I DEATH WAS C	AUSED BY	Cardo	Dul	Imonary a	renost	BE.	APPROXIMATE INTERVAL I WEEN ONSET AND DEATH	
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te law re	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?	
SICIAN: The ng physical certificate in unal transit learn 18 sho		210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR				
ING PHYSICIAN: The law requir catending physician after this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to bracked at Item, I 8 shows any injury.	MEDICAL	21d INJURY OCCURRED WHILE NC	21e PLACE	OF INJURY REET FACTORY OFFICE F		211 LOCATION STREET	emortox	1- 0	TANK TANK	
TENDING ital or of OR Afti or use as ar use as		22a L certify that	hopital attended	he decembed from	200	id that in (my) (our) apinion	death occurred on the	te and hour and ha	that (II (WV) last	
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O HOSPITAL etained by the TO FUNERAL with the Store with the Store MPORTANI.		274 PHYSE IANES CARE	YPE (PRINT) F	L-Sin	eth	22e ADDRESS	T DOTTE TO SERVICE	IMO I	10-11-1	
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DHMH 16 60M 7/B4		UNERAL DIRECTOR Ward K. McCor				^^^	E REC D BY REGISTRAR	756 REGISTRAR'S S	rd Md. IGNATURE	

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

1 - STATE CERTIFICATE OF DEATH REG. NO CEASED NAME 2n DATE OF DEATH 26 HOUR TYPE OR PRINTS Reece orothy 10 & AGE UN YEARS LAST BIRTHDAY 4 RACE 1.5EX 5 DATE OF BIRTH 27 emale BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE -TE NEURLION Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED North Carolina WIDOWED DIVORCED | Harford NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE HOMEMaker WORKING LIFE INDUSTRY Fillston Own Home JSUAL RESIDENCE HE NURSENG HOME OR OTHER INSTITUTION 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MI NO | 1866 Eloise Lane 21040 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Allen Eastridges Bertha Wilcox ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 245-30-7316 No Robert A. Williams, 1866 Floise Lane 18 CAUSE OF DEATH Enter only one cause per line for a b PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NA! RE DE NIJURY IN TEM 18 PART L'IR PART ! HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE ETHER NOTIFY MEDICAL EXAMINER PAA 71d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ET ... MILE NO! WHILE ALLORA 220 I certify that it (this hospital attended the deceased from saw the deceased alive an and that in (my) (about opinion death occurred on the date and have and from the causes stated above 11 well did I did not, view the body after death 226 SIGNATURE DEGREE * MEDICAL STAFF ATTENDING \ PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY Cremation oct.14,1987 Md. Green Mount Baltimore

DHMH 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Baltimore, Md.

OCT 1 5 1887

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-		REGISTRAR

STATE OF MARYLAND DEPARTM

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Tool o		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRE	SS			
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(VRA 15, 4)	M.	TCHELL-SMITH FUNF	RAI HOME P	A HAVRE d	GRACE	MD 21078	0 4 198/	Guina d	andern.	Parles	

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